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TRANSACTIONS

OF THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy,

HELD IN WASHINGTON, D. C., MAY 21, 22, 23 AND 24, 1872.

NEW SERIES.

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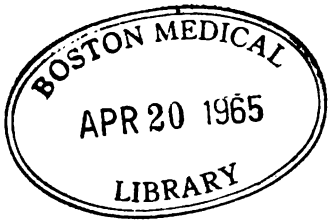

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PREFACE.

THE volume of Transactions of the Twenty-fifth Session of the American Institute of Homœopathy is herewith submitted. The General Secretary has availed himself in full of the phonographic report made by Dr. C. R. Morgan, and has endeavored to present a correct pen-picture of the proceedings of the Session. Delay in the receipt of certain reports and papers deferred the publication of the volume, which otherwise would have been issued earlier.

In behalf of the Committee of Publication.

ROBERT J. MCCLATCHEY,
General Secretary

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AND

MISCELLANEOUS PAPERS

OF THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME II. NUMBER 2.

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XI.

PROCEEDINGS

OF THE

TWENTY-FIFTH SESSION

OF

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

HELD IN WASHINGTON, D. C., MAY 21, 22, 23, 24, 1872.

PRELIMINARY MEETING.

THE preliminary meeting was held, by invitation of Dr. T. S. Verdi, at his residence on G Street. A large number of members were present, many of whom had ladies with them, and to these were added Governor Henry D. Cooke, Senators and Representatives, and a number of other prominent gentlemen. The guests were received by Dr. and Mrs. Verdi, and, at a suitable hour, the dining-room was thrown open, and the assemblage partook of a bountiful supply of choice refreshments. Music added its charm to the pleasure of the occasion, which was a very enjoyable one.

FIRST DAY.

The Institute convened in Lincoln Hall, at 10 o'clock, A.M., and was promptly called to order by the President, I. T. TALBOT, M.D., of Boston, Mass.

After a few preliminary remarks, the President introduced the

REV. DR. SUNDERLAND, of Washington, who offered up a prayer appropriate to the occasion.

The President called the attention of the Institute to the printed *Order of Business*, as prepared by the Executive Committee; which was, on motion, adopted as the order of business for the session.

TULLIO S. VERDI, M.D., Chairman of the Committee of Arrangements, then delivered the following ADDRESS OF WELCOME:

Mr. President, and Gentlemen of the American Institute of Homœopathy: I welcome you in the name of the Washington Homœopathic Medical Society. I welcome you in the name of the citizens of the national capital.

You have left your homes and your occupations at a great sacrifice of time, money, and comfort, to meet here and deliberate upon the means to preserve the health of the community. Your mission is a noble one; one that well becomes your profession;—for in the work of love and charity, of sacrifice and labor, the physician is always foremost.

You are not here like other corporations to discuss the means to increase your revenue. With a holy sense of duty, with love for your fellow-men, you are here to search within the realms of science and experience for that philosophical truth that shall lead you to a successful treatment of disease.

Neither do you come here bound within the narrow circle of your own conceit, to deny your brothers the attributes of thought, the privilege of selection, liberty of action. Honest in your convictions, catholic in the acceptation of truth, modest in the exposition of your knowledge, you extend the hand of fellowship to all those who labor in the field of progress, without distinction, without proscription.

I therefore bid you a hearty welcome. Welcome to Washington! Welcome to the capital of the nation! Welcome to this cradle of freedom! Welcome to this hall, the very name of which reminds us of the motto of a great man, "With malice toward none, with charity for all!"

It becomes a body like this to meet in the capital of this truly great nation, for it was here that the decree was written that shattered the iron chains of slavery. It is here where the god

of battle for five years reigned supreme to defend the divine right of freedom, and to hold the bonds of union which the ambitious and the misguided endeavored to sever. It is here, also, where science has received the indorsement of the statesman, and one of its branches, homœopathy, its *exequatur* and *passe-partout.*

In 1836, a charter was given to a society of medical men here, that made it the arbiters of the medical profession in Washington; and never before was there a power more arbitrarily and presumptuously exercised by any body of men. The holy vocation of the physician, the boundless ocean of medical science, was narrowed down to the smallest compass by these self-constituted Nestors of medical ethics. No thought was allowed, no progressive ideas permitted to develop, that had not received letters-patent from this Bourbonic dynasty.

I call it "dynasty;" for while they deny the rights of other men they claim to be of apostolic origin themselves. In the pamphlet which that society issued last year defending the proscription of homœopathic physicians by the late Commissioner of Pensions, Dr. Van Aernam, I find the following declaration: "The power of our profession over the entire public is from apostolic times, in continuous succession, from which all smaller shoots of practitioners are offshoots fostered by ambition or vanity, and continued by obliquity of intellect or sordid self-interest." Could ever a Pope claim more in a Papal bull? Did ever a Pope attempt to so far chain the soul and the conscience to his dogma as these demagogues do to the vacuum in their brain? And think, gentlemen, that this proclamation was issued in the year of our Lord 1871!

Up to the 20th day of April, 1870, homœopathic physicians, however skilful in the treatment of disease, had no professional rights in Washington which the law could recognize. We were under the ban of these intelligent men, and could not demand even the emoluments for the medical services we rendered. Such an outrage could not, however, be perpetrated long and with impunity in a civilized country like ours. We appealed to Congress, and Congress gave us a counter charter that abolished all such claims. Our worthy President discountenanced the oligarchy, and the honorable Secretary of the Interior sent his pass-

port to Dr. Van Aernam, and the exit of Van Aernam closed the apostolic succession. There was an attempt at revival when a homœopathic physician was appointed on the Board of Health by the President by and with the consent of the Senate, but it only caused a smile among the people and a row among themselves. They yielded to the force of power, but with what bitterness did they persecute those of their own creed who, logical and just, accepted the new order of things as a step forward in the reconciliation of honest men laboring for the same good end. The two most eminent of these—distinguished by culture, high-mindedness, and success—they banished from their ranks because, in the discharge of their duties as health-officers, a trust imposed upon them by an act of Congress, they have to confer with a fellow-laborer who, in his private practice, adopts a system of therapeutics different from their own.

These exiles, however, seem to have thrived under this proscription; their practice has trebled since, which signifies a reprehensible perversity on the part of the people.

But none of these things will trouble you, gentlemen, who carry the wand of freedom in one hand, the flag of progress in the other, and charity in your hearts.

So you are welcome.

ANNUAL ADDRESS.

The President, I. T. TALBOT, M.D., then delivered the Annual Address, as follows:

In behalf of the American Institute of Homœopathy, it is alike my duty and my privilege to thank the Committee of Arrangements for the cordial welcome they have given. And let me express the hope that their most ardent expectations will be more than realized in the success which shall attend this meeting, and in its good influence upon the members and upon the entire profession. If this is not attained, it will be from no fault of the committee who have labored so hard for that end, and also for the personal comfort of all the members. For all this, you, Mr. Chairman, and the committee have merited and receive our thanks.

Fifteen years ago this Institute held its session in this city; and we cannot but contrast that time with the present. Then a few earnest, working men came together to compare notes, to report what they had done, and to learn from each other. Now they come in larger numbers, from the North and the South, from the East and the West; and each one who comes, leaves behind a score of brethren who wish also to be here. Then the whole membership of the Institute was but three hundred and twenty-five. Now it has upon its roll the names of more than one thousand physicians in active practice. Then its members felt the smallness of their numbers and the comparative unpopularity of their system, and no one presumed or aspired to hope that the Institute would receive any recognition or attention from the city in which it assembled. Now the meanest citizen would blush with shame, if so large a body of devoted and untiring men could assemble without receiving some kindly greeting from the city or from some of its honored inhabitants. And, as the Committee of Arrangements inform us, the executives of the nation and of the District take us by the hand, and recognize us as the representatives of a strong and growing power in the profession. Then the whole yearly transactions of this Institute were included in a little pamphlet of eighty pages. Now they annually fill a volume of six or seven hundred pages. Then the greater part of the Institute work was done in its two-days sessions. Now four busy days are crowded with the reports of the various bureaus and committees, which have been hard at work for the year.

Such have been the changes and growth of the American Institute of Homœopathy in the past fifteen years; they have been equalled only by the marvellous changes and growth of this beautiful city. The city's foundations have been greatly extended and strengthened by the storm of war that has raged around it; this society has found, in injustice, proscription, obloquy, and abuse, a hard but invigorating pabulum; both have advanced through the earnest and steadfast support of truth, justice, and right.

In the past year the progress of homœopathy has been greater than ever before. The decision in the Van Aernam case assured to us the favorable consideration of government, and any official

must be foolish as well as bigoted who would now think of making a belief in homœopathy a political offence. Most of the examining surgeons who were removed on this account by the late Commissioner of Pensions, have been reappointed, and other homœopaths have been chosen to similar offices,—ability to fill the position being the test, rather than the medical creed of the applicant. Political equality affects social status; and this action of the government even made us better friends with our professional opponents than before.

During the past year our State and local societies have been well sustained; their meetings have been large, and marked with an earnestness which cannot fail to accomplish much. There are at present twenty-one State societies, including that of this District, and at least sixty local and county societies. These are of great importance in eliciting statements of the observations and experiences of the profession, most of which, it is true, do not reach the press directly, but all of which benefit more or less the members of the association in which they are reported.

There has, perhaps, never been a year in which homœopathic hospitals have received so much aid as in the last. In New York, the Ophthalmic Hospital, which some years since acquired new life by its adoption of homœopathic treatment, has now become one of the most prosperous institutions of that city. It has received liberal donations from various sources, and, but very recently, from one of its generous and noble patrons, Mrs. Henry Keep, the timely gift of $100,000. The Surgical Hospital has received an expression of public confidence and interest through one of the most brilliant and beautiful fairs ever held in New York, which realized for it upwards of $35,000. These are but the precursors of other institutions soon to be established in that city.

Since our last meeting, Chicago, that beautiful "Garden City" of the West, has bowed before the flames, and structures which had been reared for coming centuries were in a single night laid low. A nobler structure, one of human sympathy and human brotherhood coextensive with civilization itself, rose as speedily; and to-day, Chicago stands hardly less powerful than a few months ago, while humanity has risen higher than ever. Many of our professional brethren were among the greatest sufferers; but they

have not failed to receive kindly cheer from their associates, and in return they have succeeded by unbounded energy, not only in retaining their prominent position in the profession, but in continuing the publications of those homœopathic journals and books which had rendered *Chicago* a pleasant word to our school.

If we go through the Western States we everywhere find marks of the progress of our cause, a steady relative increase in the number of our practitioners, and a still greater increase in the number of their patients. In California, on our western border, State and city societies have been organized. And in this, their first year of united work, they have taken steps to found a charitable institution, while at the same time they have assisted their Eastern brethren in a similar work. They have in the past month, held their first public celebration,—that of the birthday of Hahnemann,—and the great success attending it showed the public interest in homœopathy on the Pacific coast. An invitation comes from the members of the California societies to the American Institute to hold its next session with them. Thus they show a good record for the year, and let us trust it is only one year of a long life!

From the extreme west we go to the extreme east of our country. And I confess it is with reluctance, and with mingled feelings of pride and shame that I speak of my native city and the history of homœopathy there in the last half-year.

Boston, which has sometimes been called the "Athens of America," a place noted for its intelligence and education, but, alas! for its bitter prejudices too; Boston, which tortured witches, banished Baptists, and hung Quakers, and which, in the year of grace 1871, has found among its citizens some who, if not allowed to be as wicked, are more foolish than any who had infested its streets two centuries before! In Boston has been enacted a drama, which—little to the amusement of the principal actors—ended in a broad farce. At a meeting of the American Medical Association, held in Washington, two years ago, two men—certainly not, even with their own class, the most respected physicians of Massachusetts—represented that the Massachusetts Medical Society allowed quacks and homœopaths among its members. They succeeded in turning the prejudices of the Association against the Society, which was threatened with disfranchisement,

as the national body would receive no delegates from a society that tolerated the heresy of homœopathy. Angry at first, the Society afterwards thought it best to eat "humble pie," and set itself to do what it had proved to the Association, could not legally be done; viz., to expel these heretical members. I will not give the majority of the Society credit for either sufficient courage or energy, nor do I believe they were sufficiently foolish, to undertake this task; but a few self-appointed leaders rushed forward with banners flying, prepared for a great victory, which would not only arrest the progress of homœopathy, but forever blast the professional character of its practitioners. This attempt, courageously begun, so conspicuously and ignobly failed that it drew upon its leaders the outspoken, unanimous condemnation of the press, and the contempt of the entire community.

The trial suddenly and amusingly, through the agency of the high sheriff, lost its character of a "star-chamber trial," and was transferred to the Supreme Court of Massachusetts, where we are quite content to await a decision to be reached in due time, satisfied that there, as with the public, we suffer no loss from allopathic prejudices.

The following from an allopathic journal, describes the feeling of some in the profession in regard to this matter, and it is a little significant that this article was written by the very man who first compelled the Society to this attempt to do what they had asserted, and knew, that they had no legal power to perform. He says:

"And the way in which they attempted it, was the most astonishing marvel of all. A set of snap statutes were contrived, to all interests and purposes *ex post facto* in their character. They offered to the expelled irregulars the privilege of resigning from the Society, which, when asked for in years past, they had denied; and the offenders laughed at them. They threatened renewed expulsion if they did not resign,—and the offenders laughed still more. They summoned them then, individually and by name, before a Board of Trial,—and when met for the purpose of trying them, were themselves served with a legal injunction, and cited by the sheriff to themselves appear in court. And where was the laugh again? Themselves held up to popular derision, ridiculed in the newspapers, cursed by their own associates, and one of their leaders rendered severely ill from mere chagrin, was there ever a more pitiable set of wretched beggars, than at present, the Board of Councillors of the Massachusetts Medical Society? Deliberately

stirring a hornet's nest, they as deliberately sat down thereon, and there they are sitting still. Heaven pity them if it can. Should they eventually succeed in carrying the technical point that has been made, and in expelling their threescore homœopaths one by one, they will have involved themselves, and possibly the Society also, in a labyrinth of legal proceedings of which no man living may see the end."

He further bemoans the fact that this action has "aroused popular sympathy with the irregulars to such an extent, as to divert, during the past year, some hundred thousand dollars or more, of fees from the pockets of orthodox Fellows."

This trial awakened an interest such as perhaps no medical event ever before caused in a community. For many years the necessity of a homœopathic hospital had been felt in Boston, and one had been recently established on a small scale, which, it was hoped, would eventually grow into a larger institution. In this state of public feeling, a fair in aid of the hospital was instituted, which received such hearty and earnest support that more than $75,000 were cleared thereby in two weeks; and with various donations, nearly *one hundred thousand dollars* have been given to the hospital,—thus accomplishing in a few months a work which the most ardent friends of the hospital supposed would require years. But it was not alone in the money thus obtained that our cause was benefited. A still greater aid came in the moral support which we received. Thousands of persons, who for years had quietly derived help from homœopathy, now came forward and earnestly labored in its behalf, and often in friendly contention as to which had been the earlier convert to homœopathy.

Now that this institution is established, these same friends stand ready to begin others. It is safe to predict that in a not distant session of this Institute, Boston will report the founding of a medical college and two other much-needed hospitals of our school,—a lying-in asylum, and a children's hospital.

Such has been the result, but how was it brought about? It was by the determined resistance of a handful of men—eight only against a powerful Society of over twelve hundred members —who stood bravely at their post, and appealed not in vain to truth, justice, and right. Had these men tamely submitted to

the insult offered them, homœopathy would have received a staggering blow, and many of its warmest friends would have been ashamed and discouraged. The same was the case in the Van Aernam affair. In the unwritten history of that Washington meeting of the American Medical Association before referred to, we can well understand that it was determined that government should give no professional recognition to an advocate of homœopathy.

Physicians, one after another, were removed from office avowedly on the ground of a belief in our law of cure. Our brethren resisted this insult with spirit and determination. They appealed to the people to know if such injustice should be permitted in our land. The people rose *en masse* and said *No!* And government heard the voice, and said, *Vox populi vox Dei.* We have to thank the gallant few of our number who stood up valiantly in our defence, and turned in our favor the tide which otherwise might have drifted us to misfortune and ruin. All honor to them!

But the progress of our science has not been in the New World alone. In Germany, the birthplace of homœopathy, we find it steadily strengthening, even against old-time prejudices, and the bitter opposition of schools wedded to the theories of the past. Last year, after the fierce conflict of the Franco-German war was over, there was no more loyal or cheering gathering than that of the Homöopathische Central-Verein. With a re-formed and nobler Germany they were assured of an infusion of new life into the science of healing. In France, Spain, Italy, and Switzerland there have been established national associations similar to our own; and let us hope that in the future their relations with us will be intimate, and mutually advantageous.

In England, the British Congress has in the last two years held important and valuable annual sessions; and the discussions of its members are worthy of our study and imitation, and have laid us under obligations to them which we can only repay in kind. The progress which homœopathy has made and is making in England may be judged by the increased number of physicians, and the better support given to its hospitals and charitable institutions. At a recent dinner given in aid of the funds of the

London Homœopathic Hospital, at which the Right Hon. Viscount Bury presided and was supported by many honorable and distinguished persons, the Chairman, in speaking of homœopathy said:

"But I believe that that medical creed has made greater strides within the last twenty or thirty years than it ever did before. I am not an old man, but I remember the time when to declare oneself a homœopath, or to put yourself under a homœopathic physician, was considered equivalent to declaring yourself in some degree a quack. Now, gentlemen, I say this in an assembly of homœopaths, and I shall not be supposed to mean anything disrespectful to homœopathy, or to those who practice it. I merely state a fact, and contrast the state of affairs now with what it was twenty years ago. I see that the great majority of thinking men have so far come round to the doctrine of homœopathy, that in the minds of most educated men there is at least a conviction that there is something in the system. That conviction is increasing, and though it does not agree with medical orthodoxy, it is evidently displacing what is now termed such."

Such is the opinion of one of the most honored of England's nobility.

But while homœopathy has made great progress in Great Britain, it has, during the past year, met with a sad loss in the death of some of its distinguished advocates. Among these is Professor Henderson, of Edinburgh, who died April 1st, 1872. There is perhaps no man in our ranks who has suffered so much for his belief in homœopathy. When he adopted it he occupied a prominent chair in the University, and was distinguished for his great ability and valuable researches in science. He was perhaps the most prominent physician in Scotland, and was deemed the worthy successor of Abercromby, at whose request he made a careful examination of homœopathy. In 1845, he published the result of this, under the title of *An Inquiry into the Homœopathic Practice of Medicine*, which contained notes of one hundred and twenty-two cases thus treated. Instead of receiving this in a proper spirit of scientific inquiry, the profession, whose prejudices it opposed, poured upon him a fearful torrent of abuse, calumny, and misrepresentation, which has not ceased even at his death. An English journal says of him:

"In Henderson were united all the qualities which mark the Christian, the scholar, and the gentleman. A man of deep, earnest, but unobtrusive religious feeling. Conscientious to the last degree in the performance of

every duty, in the recognition of every obligation; self-sacrificing to an extent but seldom met with. As a physician, he was not only sound and varied in learning, but accurate in observation, quick in perception, firm and decided in tone, successful in his treatment of disease. His patients felt and placed the most implicit confidence in his skill, while his kind and sympathetic manner attached him still more deeply to them. . . . . .

The loss of Henderson to homœopathy is great. His example, however, remains to us, and it is a bright one. Unswerving in his fidelity to what he believed to be true, in the interests of truth, regardless alike of the entreaties of friends, of the prospects of professional distinction, of the emoluments which, in the form of a consulting practice, lay before him,—Henderson, during five and twenty years, stood out from the crowd of professional self-seekers by whom he was surrounded, alone, scorned, sneered at, and defamed by lying lips innumerable! Such a character is all too rare at this period of the world's history—far rarer in the profession of medicine than is pleasant to contemplate.

But homœopathy is not confined to the most enlightened countries. It is making its way, steadily and surely, to the more obscure and darker places. Asia, Africa, Australia, and the Hawaiian Islands all welcome the dawning of the new medical light. And hand in hand with intelligence and Christianity it will yet encircle the globe, and carry its blessing to every human being; perhaps it would not be saying too much to add,—either directly or indirectly to every living being?

In the present prosperous condition of our affairs, what are our responsibilities, and what our duties?

Fortunately for us there are many questions which, at this session of the Institute, we are not to waste our time in discussing. The American Institute of Homœopathy has, in all these matters, decided in favor of liberty and progress, and while some medical associations are still discussing the advisability of placing stumbling-blocks in the way of a large class who desire to enter the profession, this association has cordially extended to them a helping hand, and they are now equals with us in the profession. Believing, as we do, in a grand law of nature which controls medicinal action, we have torn down the barriers with which some desired it to be hedged in, and have placed it upon a broad platform of "liberty of medical opinion and action," satisfied that its inherent truth is its greatest vitality and its best protection. The size of the dose, which at one time threatened to divide our school into rival factions, has reached a point

where it can be discussed calmly by both parties without ill-feeling on the part of either.

But it is not enough that this medical science should pass through our hands unimpaired. If there is truth in homœopathy, we are the ones to know it; and if we do firmly believe it, and believe it to be God's boon to suffering humanity, then, in heaven's name, let us do all in our power to spread this divine truth until it is coextensive with our race, and embraces the entire healing art. If this science suffers detriment at our hands, if it fails to make that progress which it ought; if, through our fault, it does not extend to the entire profession, are we not responsible for health sacrificed and life lost?

What, then, shall we do to advance homœopathy? Without doubt, our first duty is to perfect it, and to perfect ourselves in it. The careful, patient study of our materia medica, a selection of remedies in nearest accord to symptoms; in fact, the curing of our patients *cito, tuto, et jucunde*, is the only safe road to success so far as individuals are concerned.

But in union there is strength; and a combined effort, with thorough organization, can accomplish what would be impossible to isolated endeavors. Our national society has stood the test of more than a quarter-century, and was never more active, or in better condition, than now. Let us examine and see what it is capable of doing.

Perhaps its most important Bureau is that of Materia Medica and Provings. From this department have come the careful provings of such remedies as Rumex, Oxalic Acid, Phytolacca, Podophyllum, Ptelea, Lilium, and many other quite important drugs. This is, indeed, valuable work, but how much more of it might easily have been accomplished, had more system been adopted, and followed with persistent energy! This bureau should be the grand receptacle of all facts that are known concerning any and every medical substance. Every physiological experiment with drugs, every proving, and every poisoning should be here carefully recorded and preserved. Some one or two of the most important and promising remedies should be annually selected and made the special study of the profession, and when a sufficient number of facts has been accumulated they

should be placed in the hands of some careful and competent person to suitably arrange. Thus the work would go on steadily, systematically, and effectively, and year by year we should find our materia medica improved by invaluable additions, and our publications rendered indispensable to every practitioner.

Tributary to this work should be the Bureau of Clinical Medicine. It should gather in from a thousand sources, the clinical verification of our provings, and also the observations of our physicians, throughout the country, on all zymotic diseases.

The reports of the Surgical Bureau have, of late, been quite extensive and interesting; but it is easy to see how much fuller they might become. Of the other bureaus and committees I might speak in detail. But we can readily see that each of them owes it alike to its own body and to the profession that its reports should be full, clear, and reliable. But there is one bureau that I cannot dismiss so readily. It is that of Organization, Registration, and Statistics. It is a mistaken notion that the principal object of this bureau is to *organize the Institute,* and to find from year to year what changes can be made in its by-laws. The Institute does not need new by-laws nor different ones so much as it does more work; and the less time we devote to the one, the more we shall have for the other. Permit me to express the hope that this one session will pass without any legislation on by-laws. But this bureau has a broader scope, and a more useful mission. While a very few of our States are thoroughly organized, with State and county societies, and twenty of them have State societies, most of which are incorporated, still in seventeen—nearly one-half—no such societies have ever been founded. In every State we should have a chartered society which should become the political guardian of the professional interests of its members. To aid in this work, to suggest ways and means by which these societies can be made interesting and valuable, to stir up members to a sense of their duty, to encourage local societies wherever a few physicians reside near each other, to give information regarding the establishment of hospitals, infirmaries, dispensaries, &c., to aid our colleges in their efforts for the profession—all this comes strictly within the scope of the Bureau of *Organization.* Then, too, the *Registration* of

all our practitioners in the United States would render our associates more accessible to each other and to medical communications. The annual reports of all our institutions come properly to the department of *Statistics*, and how many valuable and important facts might be here gathered, which would be of practical and permanent importance to our cause! I would be the last to speak a disparaging word of what this bureau has already accomplished, but I think none will admit more readily than those who have been members of it, how much more it might have done.

By thus improving all its departments, this Institute may be strengthened and improved, and made a daily working body, giving vigor to all the associations and institutions with which it is connected.

The future of homœopathy is bright before us. Thousands of helping hands are extended to aid us in our efforts; we have only to reach forward and clasp them. The harvest will some day come, but we shall reap just in proportion to the faithfulness with which we sow the seed and cultivate the ground. Great as is the power of this Institute, and important as its influence upon the profession may be, we can all see difficulties and dangers by which it is surrounded. Composed of members of a profession, the nature of which tends to render them peculiarly sensitive to their own reputation, if not jealous of that of others, it is of the highest importance that in this association we should lay aside personal feeling, and seek only, in our relations with the Institute or its members, the good of the profession and of our race. Our working committees, if we would have them efficient, must be comparatively small, but there is room for every one to assist them. And in order that the bureaus and committees should be efficient, let me ask you to aid the Executive Committee by presenting the names of those most worthy, efficient and reliable workers in your own section of the Union.

Fellow-members of the American Institute! We have come together from long distances, have laid aside for the time the heavy cares and responsibilities which rest upon us, not for our personal interest or pleasure so much as for the advancement of medical science and the welfare of mankind. As I look about

me, and see heads bleached by well-spent time and deep thought, —men who have been faithful to their profession for more than half a century;—when I think how many a valued life has been trusted to their care, how many a father's benediction and mother's prayer have been showered upon them, how many sleepless nights they have passed, how many anxious moments, into which the weight of years seems crowded, points of time when the two worlds seem blended, and the two angels, of life and death, together come flitting by the good physician's side;—when I think of all these cares and duties, which you have faithfully borne, then do I indeed realize the sacredness of our profession.

If by our meeting here, we may—as we surely can—acquire increased power, if we here learn to relieve the sufferings and save the lives that are so dear, so valued, then shall this meeting not be in vain. If we are faithful to our duties, the American Institute of Homœopathy will, with advancing years, become a name cherished alike by its members and by the community.

J. P. DAKE, M.D., of Nashville, Tenn., moved the appointment of a committee of three, to which shall be referred the President's address, with instructions to report thereon during the session.

Adopted.

L. D. PACKARD, M.D., of South Boston, Mass., moved that the committee be appointed by the Chair.

Adopted.

The Chair thereupon appointed the committee, as follows:

J. P. DAKE, M.D., Nashville, Tenn.
R. LUDLAM, M.D., Chicago, Ill.
GEO. W. SWAZEY, M.D., Springfield, Mass.

The Chair likewise announced the following appointments:

COMMITTEE ON CREDENTIALS.

H. M. SMITH, M.D., New York.
W. M. WILLIAMSON, M.D., Philadelphia.
H. B. CLARKE, M.D., New Bedford, Mass.
T. P. WILSON, M.D., Cleveland, Ohio.
R. F. BAKER, M.D., Davenport, Iowa.
T. L. BROWN, M D., Binghamton, N. Y.
R. C. MOFFAT, M.D., Brooklyn, N. Y.

AUDITING COMMITTEE.

L. E. OBER, M.D, La Crosse, Wis.
C. B. CURRIER, M.D., Middlebury, Vt.
J. H. MCCLELLAND, M.D. Pittsburg, Pa.
W. E. FREEMAN, M.D., Wilmington, N. C.
F. WOODRUFF, M.D., Ann Arbor, Mich.

REPORT OF THE COMMITTEE OF PUBLICATION.

R. LUDLAM, M.D., of Chicago, made the following statement in regard to the publication of the annual volume of Transactions:

MR. CHAIRMAN AND FELLOW-MEMBERS: I beg leave to state that I had prepared the annual volume, and it was in process of publication—nearly one-half completed—at the occurrence of our disastrous conflagration. The volume would have been ready for distribution by the first of January but for this event. The fire destroyed type, forms, printing office and bindery; but by great good fortune the "copy," or written manuscript, which had been thrown into a waste-basket as used, was saved; and we set to work to put the matter together again. A portion of Dr. Barlow's Necrological Report was lost, and the corrected list of members was likewise destroyed, but, with the assistance of the Treasurer, a list was prepared as perfectly as it could be under the circumstances. As soon as new type and presses were procured by the printers, they were set to work again at the volume, it was hurried on as rapidly as possible, and came from the bindery on Thursday last. Four hundred copies were packed and forwarded to Washington, and these have not yet arrived. As soon as they come to hand they will be distributed.

On motion, the report was accepted.

T. S. VERDI, M.D., of Washington, D. C., Chairman of the Committee of Arrangements, announced that the hall in which the meeting was held could not be had for an evening session, as announced in the Order of Business, in consequence of a misunderstanding on the part of the proprietor of the building.

CARROLL DUNHAM, M.D., of New York, in the absence of the Chairman of the Bureau, CONRAD WESSELHOEFT, M.D., of Boston, then presented the report and papers of the

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS.

DR. DUNHAM addressed the Institute as follows:

Mr. President, and Members of the Institute: Within the last week I received from the Chairman of the Bureau of Materia Medica, &c., the papers which I shall present on behalf of that bureau. They were accompanied with the request that I should thus present them.

I regret that this duty has devolved upon me; *First*, because, from the very recent date at which these papers came into my hands, I am not able to give so satisfactory an account of them as I should like to do; *Second*, because the Institute as well as myself lose the plain and lucid statements which the chairman of the bureau is wont to make. His absence is compulsory, however, for he is bowed down under the weight of domestic affliction. The papers which I have to present are as follows:

Fragmentary Proving of Cimicifuga racemosa; by A. C. COWPERTHWAITE. Presented by T. BACMEISTER, M.D., of Toulon, Ill. (Section II, Art. 28.)

A Clinical Report of the Action of Ustilago maidis; by T. BACMEISTER, M.D., of Toulon, Ill. (Section II, Art. 30.)

Provings of Ustilago maidis; by students of the Hahnemann Medical College of Chicago. Presented by T. S. HOYNE, M.D., of Chicago. (Section II, Art. 29.)

Fragmentary Proving of Podophyllum peltatum; by S. A. MOORE, student of Hahnemann Medical College of Chicago. (Section II, Art. 31.)

Study of Hepar sulphuris calcareum; by A. K. HILLS, M.D., of New York. (Section II, Art. 32.)

Accidental Proving of Hepar 55^{m}; by WILLIAM GALLUPE, M.D., of Bangor, Maine.

Electro-Magnetism in Relation with Homœopathy; by J. H. P. FROST, M.D., of Danville, Pa. (Section II, Art. 33.)

An Appeal for the Publication of a Complete Materia Medica; by WILLIAM E. PAYNE, M.D., of Bath, Maine; accompanied by a Resolution offered by J. B. BELL, M.D., and adopted by the Maine Homœopathic Medical Society. (Section II, Arts. 34 and 35.)

Certain Admissible Generalizations in the Study of Materia Medica; by CARROLL DUNHAM, M.D., of New York.

Report on Resolutions concerning Alcoholic Beverages, presented at the twenty-fourth session by A. S. BALL, M.D., of New York. (Section I, page 194.)

Resolution instructing the bureau to consider and report, at the next meeting, a plan for the more thorough and proper Proving of Remedies, aided by all the lights of modern science; by J. P. DAKE, M.D., of Nashville, Tenn.

J. P. DAKE, M.D., of Nashville, Tenn., offered the following resolution:

Resolved, That the Bureau of Materia Medica be instructed to consider, and submit at the next meeting of the Institute, a plan for the more thorough and proper proving of remedies and notation of symptoms, for use under the homœopathic law; such as shall exhibit the comparative value of the various symptoms elicited, as well as their full range in the male and female organisms, observed by all the improved means and tests of modern science.

Adopted.

The paper of DR. WILLIAM E. PAYNE, of Bath, Me.—An Appeal for the Publication of a Complete Materia Medica—was read by DR. DUNHAM. Accompanying the paper was the following resolution, which had been offered by DR. J. B. BELL, of Augusta, Me., and adopted by the Maine Homœopathic Medical Society.

Resolved, That in the opinion of this Society, there should be an immediate publication of a *full and complete homœopathic Materia Medica*, and that such a one will meet the active encouragement of this Society and the profession; and that Dr. Payne be requested to forward a copy of this resolution to the American Institute of Homœopathy, with the appeal which he is about to make to that body.

S. S. GUY, M.D., of Brooklyn, N. Y., moved that Dr. Payne's paper and Dr. Bell's resolution be referred to the Bureau of Materia Medica, with instruction that the bureau report some plan of action to the Institute during the session. After some discussion, the motion was adopted and the paper and resolution were thus referred.

D. S. KIMBALL, M.D., of Sackett's Harbor, N. Y.: I would

like to inquire of Dr. Dunham whether, in the papers on Ustilago maidis he referred to as being in possession of the bureau, any mention has been made of the species of corn from which the Ustilago was taken. I have seen the fungus growing on different varieties of corn, and have thought that the different varieties would have different medicinal properties. I think it is of importance to designate whether the Ustilago proven was taken from the sweet, common white or yellow, or Southern pop-corn. The virus of the wild Cuba honey-bee should be proven, as well as that from our common domestic bee. We are well assured there is a great difference between medicines obtained from wild and cultivated plants. I well remember, previous to my adoption of homœopathy, I had been in the habit of eating quantities of common honey with impunity. At length I procured some honey from Cuba, made by wild bees, and, on eating it, suffered severely from colic for several days, until I discontinued the use of it. From this I infer that the virus of the wild Cuba bee is much more active, and perhaps has some different properties.

DR. DUNHAM replied, that no mention was made in the papers referred to as to the source from whence the Ustilago had been obtained. He was of the opinion that no proving should be published by the Bureau of Materia Medica, in which the source from whence the drug used was obtained and the method by which it had been prepared, were not stated.

DR. DUNHAM then said: Mr. President: At our last session, certain

RESOLUTIONS ON THE USE OF ALCOHOL,

offered by Dr. A. S. Ball, of New York, were referred to the Bureau of Materia Medica, to be reported on at this session. These are as follows:

WHEREAS, Alcohol is proven by its pathogenesis, by pathological changes in the kidneys and liver, by its effects on the brain and nervous system; and

WHEREAS, The theory, as announced by the distinguished chemist, Liebig, that vitality is sustained by the chemical generation of caloric, is now fully proven to be false; and

WHEREAS, The recent assumption of the distinguished French chemists, that Alcohol is a "food substitute," by its direct power in diminishing waste of the system, and thereby requiring less food, is too absurd to demand refutation; and

WHEREAS, Recent experiments fully agree in the fact that Alcohol is mostly, if not wholly, absorbed and taken into the circulation, when taken into the stomach, and deposited in the various cavities of the body without change; and

WHEREAS, The careless and almost indiscriminate prescription of this powerful toxic agent by the profession as a stimulant, leads to its too common use as a beverage, thus spreading ruinous inebriety in the community; and

WHEREAS, We, as physicians, influence and modify public sentiment, and are responsible for the physical and moral welfare of our patients, in so far as affected by this agent; therefore

Resolved, That we hereby express our alarm at the great and increasing evils resulting from the use of Alcohol as a beverage.

Resolved, That we commend the same caution in its use as should ever be recognized in the prescription of any active poison, and urge the profession to a careful and wise restriction in its employment as a remedial agent, especially in incipient phthisis, where it has been so habitually and unsuccessfully prescribed.

Now, Mr. President, the Bureau of Materia Medica reports as follows:

The resolutions referred to them are objectionable, inasmuch as they assume, in the name of the Institute, to decide intricate physiological questions bearing upon the mode of action and disposition of Alcohol in the system, upon which the most eminent physiologists are not yet agreed. Objectionable, because they assume to decide these questions in a way not justified by the present status of physiological science. Objectionable, because they are couched in language towards distinguished chemists and members of the medical profession, which the Institute would scarcely, on calm reflection, adopt as its own. Objectionable, because they expressly charge the great body of medical practitioners with carelessness and want of discrimination in the exercise of their professional duties; a charge which this Bureau is not prepared to recommend the Institute to indorse.

On the other hand, the resolutions embody a wise and timely appeal to physicians, to exercise great care in prescribing alcoholic beverages for the sick, in order that the means which they use for the restoration of health may not be perverted by the patient, after his recovery, into a damaging species of bodily enjoyment; and that the physician may be free from any liability to the charge sometimes made against him, that, by prescribing

alcoholic drinks without one caution as to quantity and continuance, and the reason for its prescription, he has been the indirect means of establishing or confirming habits of drinking, which may lead to habitual drunkenness and to utter ruin.

The bureau conceive that this appeal may be made by the Institute to the profession at large, without the incorporation of the objectionable features already alluded to. They therefore propose the following substitute:

DECLARATION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY RESPECTING ALCOHOL.

In view of the great prevalence of intemperance in the use of Alcohol, and of its disastrous effects upon the individual and the community, the American Institute of Homœopathy *declares*, that no medical practitioner should prescribe Alcohol without a grave sense of responsibility; that Alcohol, in whatever form, should be prescribed with as much care as any powerful drug; and that the directions for its use should be so framed and so explicit that they could not be interpreted as a sanction for excess, or for the continuance of its use when the occasion which induced its prescription shall have passed.

On motion of J. C. BURGHER, M.D., of Pittsburg, Pa., the above report was accepted.

S. S. GUY, M.D., of Brooklyn, N. Y.: I move that the Declaration presented by the bureau as a substitute for Dr. Ball's resolutions, be adopted.

S. R. BECKWITH, M.D., of Cincinnati, O.: I second the motion.

FRANCIS WOODRUFF, M.D., of Ann Arbor, Mich.: I hope the original resolutions will be adopted as they are. I think they express all that can be said on that subject, in the best manner possible. I move that the original resolutions of Dr. Ball be substituted for that offered by the bureau.

THE PRESIDENT: It is moved that the original resolutions presented be substituted for the resolution of the bureau.

GEORGE W. PARKER, M.D., of Philadelphia: I rise to a point of order. The original resolutions are not before the Institute.

They were passed upon last year and referred to a committee, the Bureau of Materia Medica, and we are now acting upon their report.

THE PRESIDENT: The Chair must decide that the point of order is not well taken. While we are not considering the resolutions of Dr. Ball now, the motion is that they be substituted for the resolution or appeal offered by the bureau. It is competent to the Institute to act upon this motion.

A. E. SMALL, M.D., of Chicago: It seems to me, Mr. President, that the point of order raised by Dr. Parker should be sustained. I do not think that resolutions offered at a prior meeting, duly referred to a committee who have acted upon them and rendered their report which offers a substitute for them, should be again brought forward and offered as a substitute for the report of the committee. It seems to me that in accepting the report of the committee, as we have just done, we have virtually accepted their resolution, and its adoption is a mere matter of form.

FRANCIS WOODRUFF, M.D., Ann Arbor, Mich.: This alcohol question is one upon which the profession are in duty bound to act, and the Institute must act on it if it does not wish to be behind the American Medical Association. That body passed condemnatory resolutions, somewhat like those offered by Dr. Ball. I do not think these resolutions are at all too strong, and I should be unwilling to have them modified.

GEORGE W. SWAZEY, M.D., Springfield, Mass.: It appears to me that what the gentlemen wish is, to discuss the question, and I do not see why it cannot be done in the motion now before the Institute. The resolutions had been referred to a committee, the committee has now offered its report, and the question is, whether we will adopt their report, or the sentiments of their report. It is now open for discussion, and I presume Dr. Woodruff and others can express their views without offering any motion or substitute of a perplexing character. The adoption of this report of the Bureau of Materia Medica ought to be the question before the Institute; and while I am on my feet, as the question is open, I must briefly say I hope it will be adopted. I am a temperance man myself, and will listen cheerfully to expressions

of opinion in favor of temperance; but I can see the point and pertinency of the report of the bureau, and I heartily subscribe to it.

S. S. GUY, M.D., of New York: I rise to speak a word upon the report, and in opposition to the resolutions of Dr. Ball. I think the committee who had the matter in charge—the Bureau of Materia Medica—have evidently given it due attention. They have thoroughly and carefully analyzed the resolutions, and given us the substance of them in their Declaration, succinctly and lucidly, and omitted all that was unnecessary and improper. I hope the resolution or Declaration reported by the bureau will be adopted, as it evidently covers the whole ground.

THE PRESIDENT: The Chair would say that the matter appears to be not fully understood. A motion was made to adopt the resolution offered by the Bureau of Materia Medica. Dr. Woodruff's motion was to substitute the resolutions offered last year by Dr. Ball and referred to the bureau, for the resolution offered by the bureau. The whole matter is open for discussion, for the substitution or against it; and any argument in favor or against is in order.

S. M. CATE, M.D., of Salem, Mass.: I think it will be seen by the members that the question before the Institute is one about which there is considerable difference of opinion and practice. The resolutions offered by Dr. Ball represent an extreme view of the question, as has been remarked by some members. These resolutions were referred to the Bureau of Materia Medica in order that they might be carefully considered before being presented for final action. I should think it very unwise to take the matter out of the hands of the bureau, set aside their report, and adopt the extreme sentiments set forth in the original resolutions.

S. R. BECKWITH, M.D., of Cincinnati: I do not think we should spend any great amount of time over this subject. We find in the report of the bureau everything that is necessary for us to adopt to express our views on the use of Alcohol. The bureau, in its report, has raised two main objections to the original resolutions, first in the use of ungentlemanly language, and second, in attempting to decide physiological questions about

which the most learned physiologists are not yet agreed. These resolutions call upon us to decide, by a vote, such questions as these, and if we were to do so we should be a laughing-stock. Besides this, we ought not to attempt to criticize the action of some physicians by taking a vote to carry these resolutions into effect.

CARROLL DUNHAM, M.D., of New York: If I may be allowed, I would say that my friend, Dr. Beckwith, has stated it a little too strongly when he says that the report of the bureau accuses Dr. Ball of using ungentlemanly language in his resolutions. That gentleman stands very highly in our esteem. The resolutions were evidently framed hurriedly, and the language adopted was not so guarded as that which the Institute would like to adopt after the calm deliberation of a year.

DR. BECKWITH: I used the word "ungentlemanly" because it came to me naturally to use it. I should have used a word not quite so strong.

DR. DUNHAM: The same objections to the decision of physiological questions by resolutions have been urged before. In regard to this question, the man who stands highest as a physiologist in the world, Dr. Richardson, of London, has stated that physiologists are all afloat, and must take their departures anew. It will not do for us to decide that question, therefore, this morning.

JOHN K. LEE, M.D., of Philadelphia: I call for the reading of the original resolutions of Dr. Ball, so that we may have a clear understanding of the points at issue.

The original resolutions of Dr. Ball were then re-read.

DR. LUDLAM: My position on the alcohol question is known to those who attend the meetings of the Institute from year to year. I am in favor of the resolution offered by the Bureau of Materia Medica because it does not commit the Institute to the blunder of deciding questions which are not yet decided by scientific or medical men. I think we should not interfere in this question, but mind our own business.

JOHN K. LEE, M.D., of Philadelphia: I hope the resolution of the bureau will be adopted. I think it comprehensive enough. While our testimony should be strong and decided against liquor as a beverage, we ought not to assume to decide

questions of physiology and chemistry which are in doubt in the minds of astute members of the profession. Let us not commit ourselves.

FRANCIS WOODRUFF, M.D., of Ann Arbor, Mich.: I have practiced medicine many years, and I have never prescribed Alcohol; and I am of the opinion that a majority of the members of the Institute have not done so either. The resolutions of Dr. Ball are most satisfactory to me.

DAVID THAYER, M.D., of Boston, Mass.: I wish to say, Mr. President, that this matter is important, and this Institute should take its position in regard to it. A gentleman in Boston, who claims to stand at the head of physicians who treat phthisis pulmonalis, said to me, on one occasion, that he wished he could get a room over a distillery, to put a consumptive patient in, as he thought the fumes from the Alcohol would save his life, and further, that he never knew a drunkard to die of phthisis pulmonalis. Such an opinion prevails extensively in New England, I know, as well as in some foreign countries. I hope the resolution reported by Dr. Dunham may be adopted.

A. S. BALL, M.D., of New York: I wish simply to say that I think I am securing the fruit of my resolutions. My object was to present this subject to the profession for due consideration. I am becoming more and more convinced that, in the hands of the profession, Alcohol has been and is a mischievous thing. I have been somewhat surprised to hear myself charged with the use of ungentlemanly language.

DR. S. R. BECKWITH: I withdrew that word, and you should not allude to it.

DR. BALL: I do not think the language of the resolutions I offered too strong, in consideration of the position taken by some chemists, as stated, that Alcohol becomes a food by its destruction of the restorative power, or regular brain power, and thereby rendering it unnecessary for a patient to take food in any given length of time. While I am ready to admit that the effect of Alcohol, when a man takes any considerable quantity of it, is to lessen the desire for food, yet, in my judgment, to call it a food substitute is absurd. It is not correct in any sense, it seems to me, to say that it is a food. I used the word absurd because it is absurd to

my mind to call Alcohol food, or a food substitute, because from its effects upon the system it renders it less capable and less desirous of taking food.

SAMUEL S. LUNGREN, M.D., of Toledo, O.: This discussion on the use of Alcohol in the treatment of disease is of considerable importance. There are, probably, members of this Convention who never use Alcohol in their practice, and there may be others who use it liberally. I have used it very liberally myself at times, but for my own enlightenment on this vexed question, and for the benefit of other members, I hope it will be discussed on its merits. I believe Alcohol to be necessary in the treatment of some forms of disease, and I have given it to the extent of a pint in twenty-four hours, I think with benefit to my patient. I should like to hear an expression of opinion before the vote is taken.

The previous question was here called by a number of the members. A vote was taken on Dr. Woodruff's motion to substitute the resolutions of Dr. Ball for the resolution presented by the Bureau of Materia Medica.

The motion was not agreed to.

The question recurring upon the original motion, to adopt the resolution or declaration presented by the Bureau of Materia Medica, it was adopted.

DR. SAMUEL GREGG, of Boston: I would inquire of Dr. Dunham whether it is his intention to read the paper on Hepar sulphuris.

DR. DUNHAM: That paper is a study of *Hepar sulphuris calcareum*, based upon the pathogeneses which have been published.

HENRY NOAH MARTIN, M.D., of Philadelphia: I would like to ask a question in reference to that paper; whether it is simply a transcription from the Materia Medica of symptoms selected by the author, upon the supposition that they are of importance, and have been proven over and over again? If it is of that nature, it seems to me altogether unnecessary that such a paper should be read here, as each one of us can do that for himself.

DR. DUNHAM: It is a paper in which the author has proposed to embody everything that has been published in the way of pathological observations, with the addition of verified symptoms

as reported in clinical observations, and with such elimination as his studies and observations, and his digestion of the observations of others will afford, with a view of bringing the symptoms together into groups. The value of his work, of course, depends mainly upon the extent of his knowledge, the accuracy of his judgment, and the soundness of his conclusions. The paper is, in fact, a repetition of the published pathogeneses of Hepar, with the commentaries of the author thereon.

DR. R. LUDLAM: I would ask one question of the chairman of the bureau, as I am not personally acquainted with the author. I should like to know whether it is a question of experience with him, or is he a young man without experience, who has sat down in his office and worked up this paper. It strikes me that this is an important thing for us to know.

DR. DUNHAM: If the author is guilty of the crime of being a young man, it is one that I shall certainly not attempt to palliate or deny. I hope I shall be one of those whose folly shall cease with youth.

FREDERICK HILLER, M.D., of San Francisco, Cal.: I wish to make a few remarks in relation to Hepar. In the pathogenesis of this medicine you find the common condition of drunkards and drunkenness well marked out. It is, therefore, one of the most prominent of our remedies for those conditions. I have known the appetite for alcoholic drinks to be entirely eradicated by its use. I have no doubt that if you were to listen to this monograph on Hepar, you would find the condition of *delirium tremens* portrayed, and in that disease it is a splendid remedy. Publications of this kind, when well executed, in which we get the action of the remedy in a nutshell, as it were, are of the greatest benefit to the profession.

J. RALSEY WHITE, M.D., of New York: Notwithstanding what the gentleman has just said, Mr. President, I insist, with Dr. Ludlam, that it makes all the difference in the world who the author is, in a paper of this kind, and how much experience he has had in actual practice. It is one thing to get up such a paper merely from books, and quite another thing to get it up from actual experience in the sick-room.

J. H. MCCLELLAND, M.D., of Pittsburg, Pa.: I am of the

opinion that this paper, like all others, should be judged upon its merits alone and not upon the age of its author.

S. S. GUY, M.D., of Brooklyn, N. Y.: It seems to me that we need just such papers as this. It is well known that our Materia Medica is fragmentary, its provings scattered here and there. Now I think that a man who would take the trouble to collate and bring together the facts ascertained by a series of provings of an important drug, and in an interesting manner, as has been done here, is deserving the thanks of the profession; and it should excite other members to do the same good work with other drugs. I hope we shall encourage every such attempt. I do not know the author of this paper, and he may be a very young man; but he has certainly done his work very well, and I hope very accurately.

LYMAN CLARY, M.D., of Syracuse, N. Y.: It is not necessary to discuss the merits of this paper, but there is a very important question involved. It is whether we shall sit here and waste time in this discussion, or go on to other matters. We can all read this paper when it gets into print, and I for one do not care to hear the reading of a pathogenesis, a remedy, or a discussion on it. I have nothing to say about the merits of the paper, and I don't care whether the author is a young man or an old one.

DR. WOODRUFF: The simple fact is that we do not want to hear this paper read; we want to have it published and then read it.

THE PRESIDENT: It is not a question of reading or not reading that is before us. The discussion in order is in regard to the merits of this paper, or any subject connected with Hepar sulphuris.

DR. WOODRUFF: We have discussed it without hearing it read.

DR. HENRY NOAH MARTIN, of Philadelphia: I wish to remark simply that in my opinion it is proper to read any improvement in the Materia Medica. If I am in order, I wish to offer a resolution in reference to the report of the Bureau of Materia Medica.

THE PRESIDENT: It would not be in order. The discussion is on this paper, which is before the Institute, and your resolution would be new business.

S. R. BECKWITH, M.D., of Cincinnati: I move that Dr. Hills' paper be referred to the Committee of Publication.

Agreed to.

DR. R. LUDLAM: There is a slight misapprehension, I fear, growing out of the remark I made, or rather the question I asked, as to whether the author of the paper just now under discussion was a young man or a man of experience. I did this without intending to reflect on young men at all, because I have taken a great interest in young men. Although I am certainly an old fogy myself, I have been working with young men for a number of years, striving to do as much as I could to help them to get on. The design in asking the question I did was, that others as well as myself might know whether the author had embodied any new or original views from his experience.

DR. DUNHAM announced that the next paper was entitled *An Accidental Proving of Hepar* 55^{m}; by W. Gallupe, M.D., of Bangor, Me. As the Bureau of Materia Medica was so insufficiently represented, he did not wish to assume the responsibility of presenting it to the Institute, and would suggest that it be referred back to the bureau for future and further consideration.

THE PRESIDENT: If there be no objection the paper is so referred.

DR. DUNHAM: The next paper is entitled *Electro-Magnetism in its Relation to Homœopathy;* by J. H. P. Frost, M.D., of Danville, Pa.

A MEMBER: I move that it be referred.

HENRY B. CLARKE, M.D., of New Bedford, Mass.: Can the chairman not give us a synopsis of the paper? There may be something in it worth our while to listen to and discuss.

DR. DUNHAM: The paper came into my hands on last Saturday night, and I have not examined it critically.

BUSHROD W. JAMES, M.D., of Philadelphia: I have received a letter in regard to that paper, and I hope it will be read. It contains new views upon the subject treated of, of importance to the profession. It is very lengthy, being some forty pages long, but a synopsis of it might be read.

GEORGE W. SWAZEY, M.D., of Springfield, Mass.: I move

that the paper be laid upon the table. We can then take it up at our pleasure.

Agreed to.

DR. DUNHAM then read his paper entitled, *Certain Admissible Generalizations in the Study of Materia Medica.*

DR. J. H. MCCLELLAND: I move that the paper be accepted, and referred to the Committee of Publication.

Agreed to.

A discussion now ensued upon the question of adjournment, but it was finally decided that in view of the fact that the hall could not be obtained for the evening of that day, the Institute should remain in session for one hour longer.

DR. S. R. BECKWITH then moved that the business of the Bureau of Materia Medica be closed.

Agreed to.

THE PRESIDENT: The Bureau of Materia Medica being now closed, the next business in order will be the presentation of the report and papers of the

BUREAU OF CLINICAL MEDICINE.

S. M. CATE, M.D., of Salem, Mass., thereupon announced the following papers as being in possession of the bureau:

Typhoid Fever; by S. M. CATE, M.D., of Salem, Mass. (Section III, Art. 32.)

Meningitis Cerebro-spinalis; by S. LILIENTHAL, M.D., of New York. (Section III, Art. 33.)

Ulceration of the Stomach; by A. K. HILLS, M.D., of New York. (Section III, Art. 34.)

Cerebral Congestion; by GEORGE S. NORTON, M.D., of New York. (Section III, Art. 35.)

Clinical Report; by A. BERGHAUS, M.D., of New York. (Section III, Art. 36.)

A Case of Inguinal Hernia; by S. H. WORCESTER, M.D., of Salem, Mass. (Section III, Art. 37.)

The Practical Results of Homœopathic Treatment; by E. M. KELLOGG, M.D., of New York. (Section III, Art. 38.)

Clinical Report; by WILLIAM GALLUPE, M.D., of Bangor, Me.

Hints for the Propagation of Cow-pox Virus; by BUSHROD W. JAMES, M.D., of Philadelphia. (Section III, Art. 39.)

Radical Cure of Colic from Gallstone and other causes; by DAVID THAYER, M.D., of Boston, Mass. (Section III, Art. 40.)

The papers of Drs. Hills, Norton, Berghaus, and Gallupe were read by title, and referred to the Committee of Publication.

DR. CATE then proceeded to read his paper on *Typhoid Fever*, when, at the expiration of the fifteen minutes allowed for reading a paper, it was, on motion, accepted, and referred to the Committee of Publication.

DR. DAVID THAYER'S paper on the *Radical Cure of Colic*, being called for, was read by that gentleman.

A member inquired of Dr. Thayer whether he prescribed China for all forms of colic.

DR. THAYER: No, sir. For periodical colic only, to prevent the recurrence of the paroxysms.

DR. A. S. BALL, of New York: I should like to inquire of Dr. Thayer whether there is anything peculiar to the atmosphere of Boston that predisposes the citizens of that place to these attacks of colic.

DR. THAYER: There is no more colic in Boston than in other places.

DR. BALL: I have not seen in New York, in forty years' practice, as many cases of colic as Dr. Thayer represents himself to have seen in Boston, and I have met with very few cases of the variety described in the paper. Still it is doubtless due to the fact that the Doctor has a great reputation as a curer of colics.

DR. THAYER: I would remark that many of the patients I have cured formerly resided in New York, and others in other parts of the country.

DR. S. R. BECKWITH objected to the paper, because, in the first place, it states that biliary calculi are removed by attenuated doses of China. Biliary calculi are deposited within the biliary ducts, and so firmly impacted there that no attenuated dose could have any effect upon them, and the only remedies that could relieve the attacks produced thereby, are ether or chloroform by inhalation. Hence the cases reported as cures of colic from biliary

calculi, were simply cases of colic without regard to that pathological condition. We should condemn and discard the old notion that homœopaths can prescribe by the symptoms alone, without reference to the pathological conditions that exist at the time. Dr. Thayer is one of the oldest and one of the most respected members of the profession, and how will a report of this kind appear on our minutes, that Dr. Thayer cures cases of biliary calculi with the 200th dilution of China? What an impression would such a statement make on any one who has made this disease a subject of serious study? Secondly: Epistaxis has no relation whatever with the existence of biliary calculi, nor does epistaxis, or degeneration of the red corpuscles of the blood, give rise to the formation of biliary calculi. Thirdly: There is another remedy mentioned besides China, and it is not made clear which of these had the curative effect. I make these objections to the paper with all due respect to my friend Dr. Thayer. If I make a report I expect it to be criticized; hence I freely criticize the paper of the Doctor, and state frankly my objections to the views he has expressed.

DR. THAYER replied that he had said distinctly he did not consider that gallstones existed in all the cases reported. He had supposed for years that the presence of these calculi were the cause of these periodically recurring colics; but we do not find the calculi discharged in all these cases. He did not depend on China to remove the paroxysms of colic, but to prevent their recurrence. The gall-bladder has great power to expel calculi of great size. He had found calculi in the gall-bladder of persons who had not died of biliary colic. He had found one of enormous size in a woman who had been murdered. In answer to Dr. Beckwith's charge, that China could not do what he claimed for it, he would say that he had had too many cases cured to doubt it. China has a specific effect upon the gall-bladder, and it was his opinion that if small calculi existed in the gall-bladder, the use of China secured their discharge before they became large enough to cause pain. That he regarded as the rationale of the curative action of China in these cases. In regard to the question about the occurrence of epistaxis in these cases, he would say, in reply, that it was a well-known fact that

thin, watery, impoverished blood, as it occurred in persons subject to these attacks of colic, more readily exuded from the blood-vessels than rich and healthy blood. He hoped he had replied satisfactorily to the gentleman's objections, and if there were any others to be made he would be happy to hear them.

DR. N. R. MORSE, of Salem, Mass.: I wish to report an interesting case of colic, of twenty years' standing. The patient was a lady, residing in Salem, Mass. The attacks came on about once a week. She suffered terribly during the paroxysms, and could get no relief from even morphia or opium. The first time I attended her I prescribed Colocynth, which afforded some relief. I then gave her China, in accordance with the suggestion of Dr. Thayer. During a very severe attack, I was obliged to resort to Morphia, giving as little as possible and watching its effect. She became comfortable about two o'clock in the morning, and remained so for some time. At my morning visit I saw she was very greatly prostrated, but not feeling especially alarmed, I gave her China, and left. I was sent for in a little over an hour from that time, and on my return to her house I found her apparently much worse, with cold extremities and almost imperceptible pulse. I felt that I must resort to stimulants; so I applied sinapisms to the chest and hot water to the feet, thighs, and back, and gave brandy every five minutes, from nine o'clock in the morning until two o'clock the next morning, at which time reaction set in. There was severe inflammation of the fauces, throat, and stomach following, which lasted for three or four weeks. I am happy to say that this patient eventually got entirely well under the use of China and other remedies.

On motion of DR. E. M. KELLOGG, of New York, the Institute at this point adjourned, to meet next morning at 11 o'clock.

SECOND DAY.

MORNING SESSION.

The Institute was called to order at 11.30 o'clock, immediately after the reception by the President of the United States.

THE PRESIDENT, DR. TALBOT, occupied the chair.

Upon the motion of DR. DUDLEY, of Philadelphia, the regular order of business was suspended, to hear the report of the

COMMITTEE ON INTERNATIONAL HOMŒOPATHIC CONGRESS.

DR. CARROLL DUNHAM, of New York, in the absence of Dr. Hering, Chairman of the Committee on International Homœopathic Congress, presented the report of that committee (Section I, Art. 16). The report embodied the following resolutions:

Resolved, That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called "The World's Homœopathic Convention," be held in Philadelphia in 1876, on the occasion of the celebration of the centennial anniversary of American independence, and that the Institute hereby invites the co-operation of all homœopathic societies, institutions, and physicians of the United States.

Resolved, That at the present session of the Institute there be appointed by the President a Committee of Arrangements, to consist of one member from each State represented in the membership of the Institute, and that the committee thus appointed may apppoint one additional member from the physicians of each State represented, and that the President appoint seven additional members from the city of Philadelphia, who shall constitute an Executive Committee, to attend to local details, under the direction and subject to the approval of the Committee of Arrangements. The Committee of Arrangements shall have full power to adopt and execute all measures which they may deem necessary for organizing the convention, determining the nature and order of the proceedings, and securing from it the best results for the cause of homœopathy. It shall present a full report of its proceedings at each annual session of the Institute.

On motion of DR. H. C. HOUGHTON, of New York, the report of the committee was accepted.

On motion of DR. A. R. WRIGHT, of Buffalo, N. Y., the resolutions were unanimously adopted.

DR. PEMBERTON DUDLEY, of Philadelphia, moved, and it was seconded, that the President of the Institute, Dr. Talbot, be a member of the Committee on the World's Homœopathic Convention from the State of Massachusetts.

Agreed to.

THE PRESIDENT announced the next business in order to be the

REPORT OF THE BOARD OF CENSORS.

F. R. MCMANUS, M.D., of Baltimore, then submitted the names of a number of applicants for membership in the Institute, which, he said, had been carefully scrutinized, and their applications indorsed by the Board.

Upon motion the report of the Board of Censors was accepted, and the ladies and gentlemen named were unanimously admitted to membership by vote.*

THE SECRETARY read a letter from Dr. Jacob Beakley, of New York, resigning his membership in the Institute.

On motion of DR. J. C. BURGHER, of Pittsburg, Penna., the resignation was accepted.

THE SECRETARY then read a letter from Dr. G. D. Beebe, of Chicago, resigning his membership in the Institute.

On motion of DR. J. P. DAKE, of Nashville, Tenn., the resignation of Dr. Beebe was accepted, provided his dues are paid up in full; the same proviso to apply to the acceptance of Dr. Jacob Beakley's resignation.

THE PRESIDENT then read the following telegram received by him, being

A GREETING FROM THE WEST.

CHICAGO, May 22d, 1872.

To I. T. Talbot, M.D., President of the American Institute of Homœopathy:

Fraternal greeting from the West. Homœopathy, Scientific Medicine, Excelsior.

T. C. DUNCAN, M.D.,
Secretary Illinois Hom. Med. Association.

THE PRESIDENT: We will now proceed with the regular order of business, and take up the papers of the

* The names of all applicants admitted to membership during the session, together with date and place of their graduation, will be found at p. 281, under the heading "*Complete Report of the Board of Censors.*"

BUREAU OF CLINICAL MEDICINE.

(Continued.)

DR. S. M. CATE: I have here a paper on *Cerebro-spinal Meningitis*, by Dr. Lilienthal, of New York, which I propose to read.

As it was feared that the paper would be too lengthy to be read in the allotted fifteen minutes, a motion was made that it be referred to the Committee of Publication.

O. P. BAER, M. D., of Richmond, Indiana: Mr. President, I rise to make a few remarks, not only with regard to the name, but also with regard to the character of the disease concerning which Dr. Lilienthal's paper has been written. Every name given to a disease should express, to a certain extent, the character of that disease; its name should be according to its quality. I know that latterly in many branches of science certain changes of names have been made, as in palæontology, conchology, zoology, &c., but I object decidedly to these changes. I object also to the naming of diseases arbitrarily. The disease under consideration is called in this paper cerebro-spinal meningitis, by which it is intended to set forth that the disease is an inflammation of the meninges of the brain and spinal cord. The name as it thus stands is not properly made up, being part from one language and part from another. But I still farther object to this name being applied to the disease. I have treated quite a number of these cases. I have in my mind the case of a washerwoman who had been given up by her allopathic physicians, and who was cured by me; and of another woman who was prostrated at once by an attack of what was called cerebro-spinal meningitis. She was naturally a robust woman, but when I saw her she was in an atonic condition in every part of her. I applied electricity in her case, and in the course of an hour a tonic spasm came on. She finally recovered. She was covered completely by petechiæ, or ecchymosed spots, just as you choose to call them. I looked upon the case as one of petechial typhus. In these cases there is absolute depression of the vital forces; the pulse very seldom runs up; sometimes goes as low as sixty beats per minute, and is sometimes undistinguishable,

even up to the elbow; in fact there is an entire absence of any of the signs that would indicate an inflammatory condition. The patient is evidently in a state of collapse, in a state of complete prostration; and under such circumstances to call the disease cerebro-spinal meningitis seems to me to be simply ridiculous. It looks to me more like a typhus that occurred in the old country and which was called petechial typhus. I think if we take this view of the case we are more likely to succeed in our treatment. *Arsenicum* is the remedy if cases break out with reddish petechiæ. If they have peculiar purple spots, I invariably give *Rhus tox.* and *Arsenicum*, and the disease runs but a few hours. I have had from eight to ten cases per day at a time. They are taken down suddenly and have hardly time to say their prayers, many of them becoming insensible in a few moments. To call such a condition cerebro-spinal meningitis seems to me improper. I cannot see the picture of the disease represented in that name, while in petechial typhus I can.

THE PRESIDENT: The Chair would call the attention of Dr. Baer to the fact that Dr. Lilienthal does not mix the Latin with the English. The title of his paper is *Meningitis Cerebro-spinalis.*

DR. S. S. LUNGREN, of Toledo, O., asked Dr. Baer whether he had made any post-mortem examinations of these cases. If he had not, he is not competent to describe the pathological conditions that existed in them. He (Dr. L.) had made post-mortem examinations in two of these cases within six weeks, and the pathological changes were found in the meninges of the brain and spinal cord. One of these cases examined was taken quite as quickly as that described by Dr. Baer; taken down at once with vomiting, great prostration, insensibility, and yet the meninges alone were involved. Another case lived twenty-two days. A deposition like tubercular matter was found upon the cerebral membranes, with effusion, and staining of the membranes. The first-mentioned case died within forty-two hours from its commencement. The substance proper of the brain was not involved, but there was undoubted inflammation of the meninges of the brain and spinal cord, and he did not see why

the term which expressed that condition, meningitis cerebro-spinalis, should be called incorrect.

HENRY NOAH MARTIN, M.D., of Philadelphia: It is well known to most of you that we have had in Philadelphia an epidemic disease which has been called small-pox. In a large number of these cases brain symptoms were present, and symptoms of cerebro-spinal meningitis. As an illustration I will mention one case in my practice, in which a lady was suddenly seized with violent pains in the back of the head and neck and down the whole length of the spine, violent headache, vomiting, and all the well-known symptoms premonitory of small-pox, and with some of the symptoms of spotted fever. She died in three days. Shortly before her death the pains all subsided and she broke out with purple spots, or ecchymoses, all over the body. This has been the character of many of the cases we have had in Philadelphia, which have been called small-pox, and there have been many deaths resulting from what has been called malignant small-pox. Now I hear there has been in different parts of the country, a great many sudden deaths of this kind from what has been called cerebro-spinal meningitis. About two months ago, in looking over an allopathic medical journal, the *Buffalo Medical and Surgical Journal*, I noticed that Dr. Manning, one of the editors of that journal, stated that there had been several cases of cerebro-spinal meningitis in Buffalo, in describing which his account tallied with what many physicians in Philadelphia had seen in small-pox. Dr. Manning said he expected to find, in the cases he referred to, evidences of disease of the meninges of the brain and cord on post-mortem examination; but acknowledged that on making such examinations, there was no evidence of inflammation having existed in those membranes. It is interesting to know whether these were cases of purpural or hemorrhagic small-pox, or of spotted fever. In the case I related as occurring in my own practice, a few moments after death there appeared purple spots. The friends insisted that it was small-pox, and I so returned it to the Health Office as other physicians had done.

DR. BAER: I did not mean, when I made my former remarks, to inculcate the idea that the meninges are not affected; but my

object was to show that it was not an inflammatory condition. I understand that when inflammation is present there is an increased, hard, tense, and forcible pulse; but when the pulse runs down below the normal beat, is compressible and irregular, or becomes almost imperceptible, without reaction from the time of the attack, I infer that there is no inflammatory action going on, let the pathological condition be what it may. Afterward there may be effusion, but we would not infer from the absence of orgasm of the circulation that there was anything like an inflammatory condition. Let us give things their right names. The malarial or miasmatic condition does not so much induce inflammatory action as absolute depression of the vital forces, and you may call the result of such an onset of disease an absolute collapse of the whole system.

RICHARD LEWIS, M.D., of Philadelphia: I rise to make a few remarks in confirmation of what has been said by Dr. Martin. My experience has been like his during the past year. I can call to mind the sudden closing up of cases of disease; so sudden as to shock and alarm. In one case I was called in the evening, the patient being worse, and on going down stairs to get some water in which to mix a medicine, found her dead on my return. Again, a boy, having symptoms precisely like those described in the case related by Dr. Martin, died very suddenly. His nurse turned from his bed to speak to the mother for a moment, when hearing a change in the sound of the breathing, she turned to the bed and the child was dead. Thus suddenly have these cases terminated.

JOHN J. DETWILER, M.D., of Easton, Pa.: We all know, gentlemen, that cerebro-spinal meningitis generally shows itself as an epidemic; and I suppose the epidemic is more or less influenced by the locality in which it occurs. Meningitis cerebro-spinalis is the proper name for the disease. An inflammatory action localizing itself in the nerve-centres, must necessarily affect the system according to the degree of that inflammatory action. If it be intense, it stands to reason that the depression of system must also be intense; but if, on the other hand, it be not so intense, it stands to reason that the inflammatory symptoms will have a chance to manifest themselves externally. Hence, then,

if the inflammatory condition be not intense, we will find a very rapid pulse, a heated condition of the skin, and very rapid breathing, amounting to panting. But if it be very intense, of course we have coldness of the surface, and we may have a complete disappearance of the pulse. The disease showed itself epidemically in my circuit of practice several years ago. It always manifested itself by intense inflammatory action. Unfortunately a member of my own family took the disease. I had the opportunity of remaining with my little boy day and night for three weeks. I may recite his case, as it was typical. He was taken with intense heat of the whole surface, red skin, great vomiting, panting breathing, and convulsions. He remained in this condition for twenty-four hours. Bryonia and Digitalis were given, and under their influence he made a complete recovery. I am happy to be able to say, that in my vicinity homœopathic treatment of the disease was attended with great success; but the cases treated by allopathic physicians were extremely fatal. My child had many symptoms indicative of a complicated and severe case, but the medicines prescribed had a happy effect in relieving the distressing features.

A. E. SMALL, M. D., of Chicago: I have listened attentively to the remarks made on the subject of cerebro-spinal meningitis, and to those made regarding the difficulty of effecting a differential diagnosis between that disease and small-pox. Upon this latter point I rise to say a few words. There are cases of small-pox occurring during an epidemic of that disease, which have ended without the characteristic variolous eruption, and I have seen such cases. But however the symptoms of small-pox may vary in different cases, they are essentially different from the marked symptoms which characterize cerebro-spinal meningitis. In the last-named disease the symptoms, and particularly the pains, are less general and more circumscribed and confined than in small-pox. In inflammation of the spinal meninges there are various spasmodic contractions and spasms which are not seen in variola; and in cerebritis effusion occurs under certain conditions which is followed by its train of symptoms indicating the pathology of the disease, and distinguishing it from small-pox. Now it is necessary to make a differential diagnosis and to have a correct view

of the pathology of a case, for it is an important element in the treatment. For instance, you take a case of true hydrocephalus, and compare it with a case of hydrocephaloid disease. You will find in the latter disease many of the symptoms closely simulating those which belong to hydrocephalus; but in hydrocephalus there is a quantity of fluid poured into the ventricles as the result of inflammation, and there is a bulging out of the scalp over the fontanelles; whereas in hydrocephaloid disease the fontanelles are found to be depressed, showing that the central circulation is depressed. Now if you were to disregard the pathology of these two conditions of disease, and make no differential diagnosis, you might treat both cases in the same manner and with the same line of remedies, and if so you would certainly be wrong in one case. But if, in addition to considering the symptoms, due regard is paid to the pathological condition, we would use a different set of medicines in each case. Hydrocephaloid disease would call for the use of Calc. carb., Arsenicum, China, Veratrum, &c.; while in true hydrocephalus our attention would be directed to Nux vomica, Apocynum cannabinum, Helleborе, Apis, and some other medicines that would have a direct action on the condition of effusion within the ventricles. Thus, too, in the conditions of cerebro-spinal meningitis and small-pox. One would call for one set of medicines and the other for another set. I think it is very important that we should consider these points very carefully, and always endeavor to make a differential diagnosis in every case that comes before our notice.

THE PRESIDENT: The Chair would remind the Institute that the discussion, although very interesting, is infringing very greatly on the time of other members of the Bureau.

DR. S. R. BECKWITH renewed his motion to accept the paper and refer it to the Committee of Publication, which was adopted.

DR. E. M. KELLOGG, of New York: I wish to present to your notice, gentlemen, a practical report, showing the practical results of homœopathic treatment. Dr. Kellogg then read his paper, entitled *The Practical Results of Homœopathic Treatment.*

The reading of the paper was followed by applause, and upon motion of Dr. J. H. McClelland, seconded by Dr. J. P. Dake,

it was accepted, with the thanks of the Institute, and referred to the Committee of Publication.

THE PRESIDENT: We will now listen to a paper by Dr. Bushrod W. James, on the *Propagation of Cow-pox Virus.*

DR. JAMES stated that, as his paper was lengthy, and he did not wish to occupy the time of the Institute to the detriment of the Bureau of Surgery, he would therefore state, as briefly as possible, the contents of his paper. The clear though brief statement made by Dr. James is embodied in his paper, which will be found elsewhere. (See Section III, Art. 39.)

JOHN K. LEE, M.D., of Philadelphia: I move that Dr. James's paper be accepted, with the thanks of the Institute, and referred to the Committee of Publication.

S. R. BECKWITH, M.D., of Cincinnati: I have taken some notes of the remarks made by Dr. James, and from these notes I desire to make some remarks in regard to what I believe to be the most unfortunate statements he has made, and in regard to a body of medical men being called upon to accept the evidence he has adduced of the prophylactic power of what he has called cow-pox virus.

Jenner does not go as far as Dr. James does in affirming that the material he used was really cow-pox virus, originating spontaneously in the cow. At no time does he claim this for it, and, indeed, his work contains numerous paragraphs, in which he very plainly expresses his doubts as to any spontaneously occurring cow-pox disease.

After Jenner had received £6000 from the Parliament of England for his valuable discovery, he was made Chairman of the Committee called the International Vaccine Committee. He instituted careful inquiries, during a period of two years, for the purpose of ascertaining whether any cases of cow-pox disease could be discovered; but without success. It was reported that a cow had been discovered in the Alps, in which the disease had arisen spontaneously; but a messenger having been sent to look the matter up, no such cow could be found. He says, further, in speaking of the disease, that it might not have originated with the cow but from the horse, or that the milkmaids might have had variolous virus on their hands, and thus

have communicated that disease to the cow. Now, the gentleman who has just read the paper, asks the Institute to take his statement that the matter he used was genuine cow-pox virus, and to take it in view of the fact that Jenner, after a two years' diligent search, and stimulated by the hope of reward, was in doubt as to the authenticity of the so-called cow-pox virus; *not* knowing whether it originated with the cow, whether it was communicated to the cow from the heels of the horse, or whether it originated from variolous virus communicated by the hands of milkmaids. I have offered a standing reward of one thousand dollars to any one who will show a case of spontaneously occurring cow-pox; but no one has yet come forward to claim the reward.

Now, then, gentlemen, what is this vaccine virus? Is it the virus from cow-pox disease? Jenner has plainly expressed his doubt about it, and said that he did not know. One author describes how he inoculated a child from a small-pox pustule, and with the matter obtained from this child he inoculated other children, calling it secondary, and from the matter thus obtained he inoculated or vaccinated still other children, calling that tertiary. These last children he put into the wards of a small-pox hospital, and none of them took the disease. Another physician, of Berlin, whose name I do not now remember, gives an account of twenty-three cases inoculated in the same manner, and subjected to a like exposure to small-pox, and none of these took the disease. I was in Cincinnati this year while small-pox raged epidemically, and where it was doubted whether vaccination was fulfilling what has been claimed for it by those who had always trusted to it before. My friend, Dr. James, says he got his virus from a man who would not tell him from whence he got it, and yet he tells us that it was cow-pox virus. I had a small-pox patient in a family of six children, and the parents were desirous that the remaining five children should be protected. I inoculated these children; but few pustules appeared, and they each had a very mild attack of variola. The brother of the father of this family had a number of small children, and I was asked to inoculate them, which I did. But two of these children had more than one pustule, and they had two or three on the arm.

I have since practiced vaccination with the matter generated by the second series of cases mentioned. Now is not this a rational method? and is there anything rational in passing this virus through the system of a cow rather than through the system of a human being? It is time that we should take a deep interest in this matter. Must we use the cow as a medium, when we can know little or nothing of her system, and are we to thank a man for telling us how to do it?

I have stated my facts and my grounds of objection to this paper. I am opposed to and utterly refuse to receive this paper and return thanks for it. The ideas presented in it are, according to my notion, erroneous from beginning to end. There is not one word of truth in it that can be borne out in practice. It is like a horse in a bark-mill, going round and round and never stopping to ask the reason why.

DR. JAMES: Dr. Beckwith is entirely mistaken on one point. I did not say that the person from whom I procured the virus I used originally refused to tell me from whence it was obtained. I simply said that he refused to give me any information as to the best method for propagating it, and how to overcome the difficulties in the way. He was doubtless influenced by notions of a financial character. He did give me the assurance, however, that the matter was cow-pox virus, that it had been obtained from a cow in which the cow-pox disease had occurred spontaneously at Beaugency, in France, and had been transmitted only through cows. So far as that is concerned, I believe the source of this supply has been well traced back. Now, as to whether this cow-pox virus is a reliable article or not, or whether it is simply variola transmitted through cows, is settled by the fact that this cow-pox disease in France occurred spontaneously, the cow giving all the evidences of having the disease, as claimed by Jenner to have been observed by him in the cows he saw.

DR. BECKWITH: I would be obliged to you if you would quote Jenner correctly. He does not claim that it originated with the cow.

DR. JAMES: I have only a few words more to say. Some experiments have been made in regard to inoculating with variolous virus. I did not try it. It is a very difficult matter to

inoculate a cow, but when once done, the virus is sure to follow. Some of those who have vaccinated with matter of this kind report that they obtained a splendid crop of small-pox cases. I am of the opinion that genuine cases of spontaneously occurring cow-pox disease have been found, and probably will be found in the future. I claim that there is such a thing as genuine cow-pox virus. Dr. Beckwith does not seem to know that there are two or three varieties of disease in the horse called grease by farriers.

DR. BECKWITH: I have quoted correctly the words of Jenner, and you will find that I am correct. He thought the disease arose from the grease in the horse. I am not a horse-farrier, and do not know what terms they employ.

DR. JAMES: Then I misunderstood the Doctor. But, Mr. President, when we find results occurring from the use of cow-pox virus such as we have witnessed, to say then that it has no protective power is, I think, preposterous. I have certainly felt that my patients were protected by the vaccination with the cow-pox virus I used on them.

DR. BECKWITH: I call the gentleman to order. I did not say one word as to the prophylactic power of his virus. I simply said that it was not cow-pox, but that it was small-pox that went through the cow. This is the point for him to discuss, and not the prophylactic power of the virus.

THE PRESIDENT: Dr. James has the right to go through with his remarks without interruption.

DR. BECKWITH: I claim that he has no right to introduce new matter. He has risen to controvert the point I made and now introduces another matter.

THE PRESIDENT: That he has a right to do in speaking on his own paper.

DR. BECKWITH: To speak on new matter?

THE PRESIDENT: Yes, sir; on all matter.

DR. BECKWITH: That is a ruling new to me.

THE PRESIDENT: As to the subject of an article under discussion, every member has a right to speak once, to the exclusion of all other members while he is speaking. Dr. James is now speaking to his own paper, and he must go on without any inter-

ruption whatever, unless he violates some rule of order of the Institute.

DR. BECKWITH: Under the ruling of the Chair, I withdraw my objection, yet I think I am right.

DR. JAMES: Now let me understand the gentleman. He claims that there is not any such thing as cow-pox virus. Is that the point?

DR. BECKWITH: I say there is no indisputable evidence that any substance known by positive proof to be prophylactic against variola, has originated in any animal, human or otherwise.

DR. JAMES: It was to the proof of prophylactic power that I was speaking when called to order.

DR. BECKWITH: I wish to be distinctly understood. I say there is no indisputable evidence of any such material ever having originated spontaneously in any animal of any species.

DR. JAMES: Then, Mr. President, upon this point I have nothing more to say. If it never occurred spontaneously, the disease called cow-pox and the disease called small-pox do not exist.

J. P. DAKE, M.D., of Nashville, Tenn.: I trust, Mr. President, we will not hurry over this topic, because we have had a visitation of small-pox in nearly all the chief cities of the country, and it is therefore a question in which we are all deeply interested. I wish to say a few words in relation to Dr. James's paper, and in relation to the general subject of vaccination. A few months ago there was circulated a report that the New York State Homœopathic Medical Society had resolved that it was best always to use pure cow-pox virus, and not to use humanized virus. That report circulating through the newspaper press of the country made difficulty amongst the people who desired vaccination. Persons refused to receive vaccination from me unless it was done with virus procured directly from the cow. Now I desire to say here, that Jenner during thirty years after vaccination began to be practiced, and all others who resorted to it, used only humanized virus; and it was only after the lapse of about that number of years, that the question began to be agitated whether there were any advantages to be derived from a return to the virus taken fresh from the cow. I think reports were received from nearly five hundred physicians in England, re-

quested to experiment with the two kinds of virus, and but very few of this number reported any difference observed from the use of the two kinds of virus; and the few who did report a difference stated that the fever attending the vaccination ran higher, the local inflammation was greater, and the general disturbance more painful when pure *cow-pox virus* was used.

Another point, Mr. President: I contend and believe that it is altogether a mistake to suppose that other diseases may be transmitted by the use of humanized virus. I believe this just as firmly as I believe that if you take seeds of different kinds, say of the poppy, the pink, and the hollyhock, and sow them in a bed together, each will produce a growth of its own kind unmodified by the growths of other kinds surrounding it. The genuine vaccine virus has its own cell structure and characteristics, and can produce only its own kind, without hybridization. I think it is exceedingly unfortunate that the members of the New York State Homœopathic Medical Society have thus placed themselves upon the record, and had their views transmitted throughout the length and breadth of the land.

I am greatly pleased with the paper Dr. James has given us. He has very faithfully conducted his experiments, and they are very interesting; but they involve questions that ought to be settled, and we should push experimentation still farther. The idea of introducing the virus from a small-pox pustule into the human system, and running the matter thus obtained through a succession of persons, toning it down as it were, and thereby getting matter for vaccination purposes, as proposed by Dr. Beckwith, is very interesting, and I hope may be practicable. If what is called cow-pox virus is variolous matter run through the system of a cow, then I agree with Dr. Beckwith that it would be much better to run it through the human system, the condition of which we may know a great deal about, rather than through the cow, the condition of whose system we can know very little about.

FREDERICK HILLER, M.D., of San Francisco, Cal.: Mr. President, small-pox and vaccination appear to be common topics for discussion throughout the country. I have given the subject of vaccination a great deal of attentive investigation. I vacci-

nated extensively for about fifteen years, very faithfully procuring the best virus that I could get; but since 1865 I have refused to vaccinate any one, I am sorry to say to my own detriment, owing to the pecuniary loss I have sustained in consequence of the stand I have taken. But, gentlemen, having arrived at this standpoint I could no longer conscientiously perform vaccination, and as long as I live I shall never vaccinate. I fully concur with the views of Dr. Beckwith, and I am pleased to find one man in this Institute who has the courage to stand up and battle against the monster vaccination. I have a number of children of my own who have suffered from the effects of vaccination. I have one boy who is not vaccinated, and he is the picture of good health. In Virginia City, Nevada, where I lived and practiced seven years, there are eighty-odd children whom I have kept from being vaccinated, and you should see the difference between these children and those who have been vaccinated. Two years ago I presented to this Institute a lengthy paper on the evils resulting from vaccination. In that paper I illustrated these evils plainly and in full by drawing from my own experience. I have passed through two severe epidemics of small-pox; the last, in 1868–69, being of a more severe character than has been experienced in the Eastern States. I treated wholly or in part, three hundred and sixty-eight cases of small-pox, sixty-odd cases of which were confluent. Two of my own children, who had been vaccinated, took the disease in the confluent form, and no others of my household, consisting of twelve persons, were affected. My youngest boy, not vaccinated, slept with his brother and sister who had the disease, and he was not affected in the slightest degree. I have seen precisely the same thing in other families.

Gentlemen, I do not wish to take up any more of your time with this subject, but I urge you before forming opinions for or against vaccination, to give the subject a careful and deliberate examination. So much is accepted in its favor as facts which are not proven by practical experience. We don't want hearsay in such an important matter as this, but we do want facts. Before we accept papers of the kind now before us we should consider the matter carefully. I admire the diligence and the industry of Dr.

James, but we are sometimes misled, and we may be diligent in prosecuting errors as well as truths. Whatever this Institute does goes before the world, and therefore we should carefully consider what we do.

THE PRESIDENT: The Chair would say to the Institute that we shall probably not decide the question of vaccination now. We are now infringing upon the time of two bureaus which belong to to-day, and if it is not the pleasure of the Institute to continue the subject still further at this time, the paper can be laid upon the table, or accepted and referred to the Committee of Publication. By this latter action the Institute does not necessarily indorse the sentiments of the paper.

DR. S. S. LUNGREN, of Toledo, O.: I move the paper be referred to a committee, to report thereon next year.

DR. S. M. CATE, of Salem, Mass.: I think there must be some misapprehension in regard to the scope of this paper. It is nothing more than an account of how the author carried on his experiments of propagating cow-pox virus in heifers, and how the difficulties encountered were overcome. I think it will form a very interesting part of our proceedings.

THE PRESIDENT: The motion originally made was that the paper be accepted and referred to the Committee of Publication. Dr. Lungren moved an amendment, that it be referred to a committee to report next year. This motion as amended is before the house.

Several members made motions of various kinds, either to postpone further discussion on the paper, or to accept it without further discussion. Finally,

DR. SWAZEY moved that the paper be accepted and laid upon the table.

Agreed to.

DR. CATE announced the last paper of the bureau to be entitled *A Case of Inguinal Hernia*, by S. H. Worcester, M.D., of Salem, Mass.

On motion, the paper was referred to the Committee of Publication.

W. M. WILLIAMSON, M.D., of Philadelphia: I move, Mr.

President, that the business of the Bureau of Clinical Medicine be now closed.

Agreed to.

DR. J. P. DAKE, of Nashville, Tenn., introduced the following resolution, which was unanimously adopted:

OBSERVATIONS OF ATMOSPHERIC ELECTRICAL STATES, ETC.

Resolved, That while in common with all scientific bodies interested in the gathering and diffusion of knowledge useful to mankind, we heartily express our thanks to Congress for devising, and to the signal service of the army for carrying into execution, the simultaneous observance of certain atmospheric conditions and changes in the different parts of our country, as a basis for a rational philosophy of the weather and a successful mode of predicting storms, for the protection of commerce and agriculture, we do most earnestly desire and ask for an extension of the scope and means of observation, so as to note also the electrical states of the atmosphere, together with the prevalence of epidemics and contagions in various places and at different times, that we may the better understand their causes and anticipate their dreaded coming.

THE PRESIDENT: The next business in order, gentlemen, will be the presentation of the report and papers in charge of the

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

R. LUDLAM, M.D., of Chicago, Chairman of the Bureau: Mr. President, this bureau report that they have eight papers in their possession, as follows:

Puerperal Eclampsia and Catalepsy; by O. B. GAUSE, M.D., of Philadelphia. (Section IV, Art. 26.)

Auxiliary Treatment of Uterine Hemorrhage; by J. H. WOODBURY, M.D., of Boston. (Section IV, Art. 27.)

A Case of Puerperal Convulsions; by R. B. RUSH, M.D., of Salem, O. (Section IV, Art. 28.)

Corroding Ulcer of the Womb; by S. S. LUNGREN, M.D., of Toledo, O.

Uterine and Ovarian Tumors; by A. B. SMITH, M.D., of Geneva, N. Y. (Section IV, Art. 29.)

Puerperal Convulsions; by O. P. BAER, M.D., of Richmond, Ind. (Section IV, Art. 30.)

Puerperal Mania; by J. C. BURGHER, M.D., of Pittsburg, Pa. (Section IV, Art. 31.)

Inversion of the Uterus; by A. R. THOMAS, M.D., of Philadelphia. (Section IV, Art. 32.)

The paper of Dr. J. C. Burgher, on Puerperal Mania, was read by title and referred to the Committee of Publication.

The Institute thereupon adjourned, to meet in the evening, at 8 o'clock.

EVENING SESSION.

The Institute reassembled at 8½ o'clock.

DR. W. M. WILLIAMSON, of Philadelphia, was called to the chair, in the absence of the President and Vice-President.

DR. S. R. BECKWITH: I move that the regular order of business be suspended, to take up the report of the *Bureau of Medical Literature.*

THE SECRETARY stated that there was no member of that bureau present.

DR. BECKWITH: I move that the *Committee on Foreign Correspondence* now make their report.

THE SECRETARY stated that no member of that committee was present.

At this juncture DR. J. J. YOULIN of Jersey City, N. J., Vice-President, arrived and took the Chair.

DR. B. W. JAMES: I move that we hear the report of the *Committee on Legislation.*

THE SECRETARY: There is no member of that committee now present.

THE SECRETARY announced that he had a preamble and resolution handed him by Dr. O. B. Gause, of Philadelphia, to be offered at this session, which, if the Institute would suspend the order of business to hear, he would present.

DR. R. LUDLAM moved that the order of business be suspended to hear the preamble and resolution in the hands of the Secretary.

Agreed to.

THE SECRETARY then read as follows:

WHEREAS, Our fellow-member, S. J. Bumstead, M.D., is about to visit Europe, to spend a year amongst the medical institutions of the Old World; therefore,

Resolved, That the Secretary be and is hereby directed to furnish him with a circular letter from the American Institute of Homœopathy, certifying to all homœopathic physicians and homœopathic societies of Europe his good standing in the Institute, conveying by him fraternal greetings from the Institute, and inviting co-operation in the World's Homœopathic Convention to be held in Philadelphia in 1876.

THE PRESIDENT, DR. TALBOT, now took the Chair.

DR. S. R. BECKWITH: I move to amend the resolution by striking off the last clause in which he is authorized to invite European physicians to attend the World's Homœopathic Convention. The business of that convention is in the hands of a committee, and should not be delegated to any one outside of that committee.

THE SECRETARY then read the resolution as amended, and the preamble and resolution as amended were then adopted.

A MEMBER moved that a like courtesy be extended through the Secretary to Francis F. De Derkey, M.D., who was also about to visit Europe.

Agreed to.

DR. B. W. JAMES: Is this intended to be presented to individual physicians in Europe, to societies, or to both?

THE SECRETARY: To both.

THE PRESIDENT: A circular letter is understood to be a document that the holder will carry with him to be presented as a credential.

DR. R. LUDLAM: I beg leave to announce, Mr. President, that the Bureau of Obstetrics have received an additional paper on a case of *Retroversion of the Uterus in a girl eleven years old;* by H. N. Martin, M.D., of Philadelphia.

J. H. WOODBURY, M.D., of Boston, Mass., then read his paper entitled "*Auxiliary Treatment of Uterine Hemorrhage.*"

A MEMBER: I move its acceptance and reference to the Committee of Publication.

DR. GREGG, of Boston, said: I think that in some instances there is too much reliance placed upon the use of adjuvants, to the exclusion of homœopathic remedies. We have remedies for these cases and we have auxiliaries, and no one should be censured for resorting to either. Frequently remedies alone are sufficient to suppress hemorrhage, whether uterine or otherwise.

I have also found adjuvants useful. I think it is best to use homœopathic treatment alone where it can be done, but it sometimes becomes necessary to resort to other measures. I have found the application of hot water to produce very happy results. I never use cold water in any of these cases; hot water coagulates the blood, and is therefore better than cold water. Plunging a bleeding wound into hot water will stop the flow of blood more quickly than if cold water or even ice be used. Sometimes, after the removal of the placenta, very copious hemorrhage occurs; and in these cases an injection of hot water—as hot as can be borne—say of a temperature of 110°, will many times check the flow in a few moments. In hemorrhage occurring from hæmorrhoids, I invariably use a sitz bath of 105°. I make these observations as the results of my experience.

DR. J. P. DAKE, of Nashville: I am glad to listen to the remarks of Dr. Gregg, and wish to say that the use of hot water in such cases is within the pale of the homœopathic law. I have used hot water in checking hemorrhage from the rectum, and have found it very efficient; and I am now glad to hear my experience confirmed by one so long in the practice of homœopathy as Dr. Gregg. I acknowledge that I should have been afraid to resort to hot water in uterine hemorrhage, although recognizing its homœopathicity to such cases.

DR. SWAZEY, of Springfield, Mass.: I do not think the very sensible remarks of Dr. Woodbury need any support from me; but I should like to add my testimony to his and to that of Dr. Gregg, and to encourage all to the use of what Dr. W. calls the common-sense portion of practice, as applied to such cases. I think I should go still farther than he has done. I never considered whether I was departing from homœopathy or not, in doing many things that occurred to me to do in emergencies. I think there is a large field for the use of mechanical appliances, as well as for means which may be called temporizing, as the use of hot water, cold water, &c. I think, however, that when we listen to such papers, we may be led to resort to these measures oftener than is absolutely necessary. For myself, I have never found occasion to use the tampon. I do not believe in the practice of rolling up a tampon for another to use. You are almost certain

in that case to be asked to use it yourself. I find it in every way sufficient to apply a firm compress to the vulva and a bandage around the hips.

DR. DUDLEY, of Philadelphia: I suppose that when we desire to produce an astringent effect upon a bloodvessel, we may obtain it by the action of cold water; but I do not think we can long continue that effect, for the reason that cold benumbs, as it were, the nerves of the part, and relaxation, to a greater or less degree, must be the unvarying result. When we design to produce contraction of the uterine walls, we may effect it by the application of cold to the abdomen; but when we desire to continue this contracted condition, I doubt that we can secure it by the continued application of cold to the abdomen; for, on the contrary, I am afraid the application would defeat its own purpose. The use of warm water, however, would exert a more continuous constringing effect upon either the uterine walls or the muscular coat of the bloodvessels; and, therefore, while I am not ready to say that the beneficial effect derivable from the hot or warm water is to be accounted for under the homœopathic law, the advantages of its use are such as would be well for us to avail ourselves of.

DR. BALL, of New York, inquired of Dr. Gregg how the hot water application operated. It was entirely new to him, and he did not know that it possessed the hæmostatic power attributed to it.

DR. GREGG: I am not able to say that it is a homœopathic remedy, and yet I do not know that it is not. I consider that the hot water, in such cases, has a tendency to and does coagulate the blood and allow it to form a plug in the bleeding vessel. It cannot be that it acts as an astringent, but we know that hot water will coagulate blood more quickly than will cold water. The application of cold to the abdomen will undoubtedly produce muscular contraction of the uterus, but I do not think it would be continued by the continued application of cold.

A MEMBER: Will the Doctor tell us the temperature of the water used?

DR. GREGG: From 105° to 110° F.

A MEMBER: Will the Doctor state how he uses it?

DR. GREGG: I use it as an injection where it would be difficult

to place the patient in a sitz bath; although I have taken bleeding women out of childbed and given them a sitz bath.

DR. BALL: I desire to say, sir, very briefly, that I am very much interested in the views presented by Dr. Woodbury, as to his common-sense treatment. In the early part of my homœopathic practice, in 1837, I was yet a stranger to the use of all means that were not regarded as strictly homœopathic, and to the use of mechanical measures. I did not know that I was privileged to make use of heat and cold. I supposed such things would not be advised by homœopathists, and therefore I did not resort to them. I desire to say that I regard myself as having failed to do good in some cases and of relieving my patients, in consequence of these views, where I do now and have done for many years. Young practitioners, in my early homœopathic days, had but little opportunity for practical observation, nor opportunity of communing with other physicians. I think it very important, especially to young practitioners of homœopathy, that they should be instructed in relation to the use of mechanical means. There are cases where, I have no doubt at all, it is the duty of the strict homœopathist to resort to appliances that come outside of pure homœopathy. My first departure was made in treating a case of dysentery. This case I treated with laudanum injections, which relieved the tenesmus, and I afterwards treated it in the usual way. I think palliatives are sometimes useful, and I have been able, through their aid, always to *relieve* my patients.

DR. MERCY B. JACKSON, of Boston, said: I wish to say a few words especially with regard to the point mentioned in the paper read, in reference to hemorrhage from a retained placenta or fœtus in abortion. I think there is a general opinion amongst physicians that the retention of the placenta or fœtal mass is the *cause* of these hemorrhages. I think differently, and I shall give you my reasons for thinking so.

In the early years of my practice, before I had the advantage of a collegiate education, I was called in the night to attend a woman who was undergoing abortion, and whom I found in the most imminent danger. Her attending physician had called, had left her a little something, and had gone home to sleep, saying she would be better after awhile. My attention was attracted at

once by a tub full of clothes soiled by her wasting life-blood. After the doctor left, her sufferings had become intense, and I, being in general her physician although not in confinements, was sent for, inasmuch as her first physician had failed to afford her any relief. I found her suffering from expulsive pains, and with each pain there came gushing forth a stream of blood, as large, apparently, as my wrist. I knew that life would be lost unless the flow of blood were checked at once, and knowing nothing but Hahnemann and his law, I immediately thought of a remedy indicated by her sufferings, believed Belladonna to be indicated, and accordingly gave it to her. I am not now able to say whether I gave another medicine or not. In the course of ten minutes the hemorrhage was completely checked and all danger to life averted. I remained with the woman for two hours; at the end of which time the pains were scarcely perceptible and she was very comfortable. Then I examined her and found she had not aborted. As I lived next door to her I then went home, telling her to send for me if she thought she needed me. I visited her next morning and found her very comfortable, gave her such remedy as I thought she required, and continued to visit her after that, once a day, for a week. She continued to improve, did not abort, and went about her work; when in the fifth week afterward, while walking across the room, the fœtus and placenta fell from her without loss of blood and without pain, and she continued with her work.

That was my first experience, and I have never failed to remember it in similar cases since. In thirty years' practice I have never attempted to remove the placenta in abortion by any other means than the use of homœopathic remedies. I have never, in any instance, used a tampon, a bandage, cold water, or any appliance of that sort; but simply place the woman on her back, with her knees elevated, and sit down by the bedside and find the remedy that corresponds with the symptoms; and I have cured every case I have had without any difficulty. Very recently I attended two cases in which labor came on at the sixth month, with intense and indeed agonizing pains, and the blood flowing quite freely. I gave in both cases Belladonna, 200th potency, in water, a dose every half hour until relieved. In both

instances the pains subsided entirely within three hours, and the doctor and patient both went to sleep. In one case the fœtal mass came away on the third day afterwards, without pain or loss of blood. In the other the fœtal mass passed in twelve hours afterwards, without pain or hemorrhage.

These cases have impressed me with the belief that the presence of the fœtal mass is not the *cause* of hemorrhage in abortions, for were it so, the hemorrhage could not be suppressed while the mass was retained.

DR. SWAZEY: I rise to make an explanation, in order to set myself right on the record. I fear that I may have been misunderstood. Dr. Ball expressed himself as in favor of adjuvants, and I spoke upon their use in connection with hemorrhage. Dr. Ball followed me, apparently in the same strain, and spoke of his use of palliatives, as, for instance, laudanum injections in dysentery. I wish it to be understood that I do not wish to appear as indorsing any such palliative treatment as that.

DR. S. R. BECKWITH: I would inquire whether it is worth while continuing this discussion.

THE PRESIDENT: The subject is before the house.

DR. BECKWITH: A motion has been made to accept the paper and refer it to the Committee of Publication. I call for the question.

THE PRESIDENT: The motion before the house is the acceptance of this paper and its appropriate reference. A call for the question by the house, in sufficient numbers, will bring the question at once to a vote.

Loud cries of question! question! were heard from all parts of the house.

THE PRESIDENT: There is a general call for the question, which I will now put.

DR. HILLER: Mr. President, I wish to—

Renewed cries of question! question!

THE PRESIDENT then put the question to accept and refer, and it was carried.

HENRY N. MARTIN, M.D., of Philadelphia: I would like to say a word. Is it a fair thing to cut off debate when we have not heard the other side? I do not consider it fair.

THE PRESIDENT: The Chair would decide, that since persons have spoken on different sides of the question, and as much latitude was given as could be given, and as the call for the question was very general, the motion was fairly put and carried.

DR. N. R. MORSE, of Salem, Mass.: I voted to refer. I now move a reconsideration of the vote to refer, to again bring the subject before the house.

The motion to reconsider was not agreed to.

DR. LUDLAM: The bureau now presents two papers on *Puerperal Convulsions.* We deem the subject of such great importance that we wish to have these papers read, and then discussed.

DR. R. B. RUSH, of Salem, O., then read his paper entitled *A Case of Puerperal Convulsions.*

DR. O. P. BAER followed by reading his paper on *Puerperal Convulsions.*

A MEMBER: I move these papers be accepted. The motion was seconded.

THE PRESIDENT: The papers are now before the Institute for discussion.

N. R. MORSE, M.D., of Salem, Mass.: These papers have interested me very much. There is one thing I wish to call attention to, and that is, the condition of the urine was not noted. I regard the cases reported by Dr. Baer as having been of a hysterical nature, the result of some irritation, and of course amenable to treatment if carefully managed. I have recently had three cases of nearly the same kind. I do not doubt that in the three cases mentioned in the paper there was no albumen in the urine. They were not of those severe and often fatal cases. I believe that many cases of so-called puerperal convulsions are hysterical, and these are very different from the cases that occur as a result of uræmic poisoning.

DR. BAER: I will state that I examined the urine in all the cases reported by me, and in each case it was entirely natural, or as nearly so as possible.

DR. A. S. BALL, of New York: I would inquire what is the view of the profession as to the use of chloroform in these cases. There seems to be an opposition to all palliatives, but I would

inquire whether chloroform would be homœopathic to such cases or not?

A MEMBER: In what dose?

DR. BALL: In a dose that will cure. I very much doubt whether chloroform would be strictly homœopathic or not. I agree with the physician who first spoke on this subject, that these cases were not of the worst form. I am by no means satisfied that the 200th of Belladonna had anything to do with the recovery of these women. I do not think there is anything satisfactory in the treatment, as it was by no means successful, a considerable length of time being occupied in recovery; and I do not think it should be received as thoroughly and clearly demonstrated that the 200th was in any marked degree curative in these cases. My conviction is that they would have recovered without any medicine.

DR. HILLER, of San Francisco, Cal.: It seems to me that those physicians who administer medicines in the 30th or 200th potency deserve some attention. I have administered from the 3d to higher potencies. I think obstetricians of our school seldom meet with cases of puerperal convulsions. At least during my own term of practice, I have had not more than two dozen cases. I have not met one that homœopathic treatment failed to cure. In two of the cases read here, the condition was produced by drugging, the author states. The cause of these spasms was rigidity of the *os uteri*, giving rise to a nervous condition of the system which culminated in convulsions. Now the simplest treatment for this condition was to give Belladonna; and this, in the majority of cases, is all that is required, provided the toxic effect of the drug previously taken is not great enough to prevent the rapid action of the homœopathic remedy. I have always been successful in the treatment of these cases by homœopathic medication, controlling the spasms, I may say, at will.

DR. S. R. BECKWITH: I have no experience in the treatment of puerperal convulsions equal to that of the gentlemen who have spoken before me. I merely rise in defence of the paper, which I consider a very able one; and I know that it has come from very able hands. I greatly regret that a practitioner of such large experience and great reputation as my esteemed friend Dr.

Baer—who is really the consulting physician in the part of the State of Indiana in which he lives—should be charged here with reporting cases of hysteria under the name of puerperal convulsions. I allude to this because I think it is discreditable to the gentleman from Massachusetts, and further, from the fact that I do not believe that a man who has not seen a patient, has a right to form an opinion on that patient's case so pertly and give it. It is not respectful to my esteemed friend that his paper should be called a paper on hysteria instead of a paper on puerperal convulsions.

Another point, with regard to my friend Dr. Ball. He does not seem to think Dr. Baer's observations in regard to the effect of Belladonna in these cases are sufficiently conclusive. He thinks that if the patient had been let alone she would have got well by the morning anyhow. If I were to apply the same rule of skepticism, I would quarrel with him as to the use of palliatives and throw some doubt on the efficacy of laudanum injections, which he claimed were so efficient in dysentery.

DR. A. E. SMALL, of Chicago: I wish to add a few words to what has been said on this subject. Since the charge has been made against this very able paper that it gives a detail of hysteria, I would like to know if there is any gentleman present can give the details of a case of convulsions that is not more or less hysterical, or that is purely puerperal. I have, in the course of thirty-five years' practice, had to attend a great many cases of obstetrics, and in common with all other practitioners of large experience I have met with a number of cases of convulsions. I have spent some time in trying to systematize these cases, so that I might be enabled to prescribe satisfactorily for them.

There is a certain form of convulsions that I have not heard alluded to to-night, and that I have not found any homœopathic medicine relieve. They have been called pure puerperal convulsions, and are the result of injuries received during parturition. Now, as I have said, I have seen convulsions of this kind, and found no remedy to relieve them. I have taken my book, as our esteemed member, Dr. Mercy B. Jackson, says, and searched carefully for a remedy and found none that was effective. Post-mortem examinations have revealed the fact that hemorrhage has taken

place within the brain. I once heard a gentleman, who was a homœopathic physician, and claimed to be a purist, say that he relied upon the thirtieth, sometimes on the ten thousandth, and sometimes on the fifty thousandth, or a higher potency, to cure every case of puerperal convulsions. Another laughed at the idea of any man losing a case of puerperal convulsions who knew how to administer chloroform; which, he said, was as harmless as cold water. Now in my opinion these convulsions resulting from hemorrhage, as I have explained, can no more be controlled by chloroform than they can by the two hundredth potency of Belladonna, or, in other words, by the two hundredth of cold water. In my experience I have found that in cases of death from eclampsia, cerebral lesions have been found on post mortem so great that recovery was necessarily impossible. I should like to see some lines drawn that could be relied upon to distinguish cases of this variety from others.

Some cases of eclampsia that I have treated have recovered under the use of Belladonna, some under the use of Veratrum viride, others again under the use of Caulophyllin, and others under the use of Macrotin. I have used these medicines with signal advantages, and commend them to the Institute.

I think, Mr. President, this Institute should insist upon a little more accuracy in the definitions of diseases. When we talk about a disease under a certain name, we know what that name signifies. If I give a dose of Hyoscyamus for spasms which are frightful to behold, and it turns out that I have treated a case of hysteria, it does not alter the fact that the patient has been a great sufferer, but it does inspire me with a degree of gratitude to find that Hyoscyamus will control the convulsions, even though they be hysterical. If I give a dose of Belladonna, and find that the convulsions are controlled, I am equally thankful for the effect the remedy has produced. I watch with intense anxiety these cases and the effect homœopathically chosen remedies have upon them, and when I find that all the remedies I can bring to bear upon a case effect no change in the condition, and it defies all my efforts, my anxiety is increased, and I cannot but suspect some organic cerebral lesion.

DR. R. LUDLAM, of Chicago: I wish to say a few words about

the diagnosis between different varieties of puerperal convulsions. There is one topic we do not talk about, and that is the point at issue, viz., the influence of medicines in controlling convulsions. It is to have this point discussed, principally, that the bureau has had these two papers read. I think that in all the cases reported in these papers, one important point has been overlooked in estimating the value of the remedies that were used. Not infrequently, in these cases, when labor has been completed and the uterus is emptied, the convulsions begin to decline in frequency and severity, and finally cease. This is in accordance with the old idea, that in cases of ante-partum convulsions the first thing to be done is to empty the uterus, provided the conditions necessary for delivery are present. Now in each of these cases reported, it seems to me the attack was self-limited, and, as Dr. Ball has put it, the women would all have recovered, perhaps without any medicine at all, provided they were placed under circumstances favorable to their getting well. I say this without intending to cast the slightest reflection upon the treatment by Dr. Baer or by Dr. Rush, both of whom are competent practitioners, as we all know; but I have expressed my opinion in the matter. I think that both in these papers and in the discussion on them this cardinal point has been lost sight of, that the convulsions began to abate as soon as labor had been completed.

DR. N. R. MORSE, of Salem, Mass.: I would ask if that would be the case if urea were retained in the blood in large quantity?

DR. LUDLAM: I think that in that case the convulsions would have declined gradually, but would have continued for a longer period.

S. S. GUY, M.D., of New York: I desire to ask Dr. Ludlam a question. He says that because the patients, in these cases, began to recover, or the violence of the convulsions seemed to be broken up, soon after labor had been completed, that recovery would have taken place without any medication. Every case reported was treated immediately. Now how can Dr. Ludlam state what he has, as a fact, unless he has had similar cases which have been relieved without any medical treatment? If he has

had such cases, and they have recovered without any treatment, then so far as that goes he has some right to his opinion. I think we have the right to assume that the remedies given in these cases had the desired effect—at all events in the cases reported by Dr. Baer. I do not think there is a gentleman present more conversant with the Materia Medica than he.

DR. LUDLAM: There is no doubt about that.

DR. GUY: What right have you to assume that these cases were not correctly treated. I hold that to be absurd. I would ask my learned friend Dr. Ball, who assumes that the two hundredth potency could not have had effect and that water would have done as well, whether, if Dr. Baer had given the first or second dilution of the remedies mentioned, he would not have been satisfied that the medicines did the work?

DR. BALL: No, sir; I would not.

DR. GUY: My assumption was that you would have been, but I take that back. I think, however, my other point is well taken, that the remedies cured the cases.

DR. LUDLAM: If my friend Dr. Guy's proposition is correct, then it ought to follow that remedies, when administered, should relieve a case of ante-partem convulsions in labor at term, promptly, permanently, and entirely, before the emptying of the uterus. If Dr. Guy has had a case in which all this has been accomplished, I should like to know it.

DR. GUY: If I may be allowed to answer, I don't think it follows that remedies should absolutely relieve before the completion of labor. The condition of the uterus is the cause of the convulsions.

DR. LUDLAM: Yes, that is just the case.

DR. GUY: I assumed that, and yet have the right to say that such cases ought to be treated as well as others.

MAHLON M. WALKER, M.D., of Philadelphia: Why is it that the discussion centres upon the paper of Dr. Baer, while the case reported by Dr. Rush is entirely overlooked? Is it because the administration of medicines in that case is so far beneath notice that no one has taken it up? Or is it because Dr. Baer reports cases in which he has administered medicines in accordance with the homœopathic law of cure?

J. RALSEY WHITE, M.D., of New York: When we say that cures would have taken place and our patients would have recovered as well without our medicines as with them, we are using the same argument against homœopathy that the allopathists use against it. You might as well say that all our cures produced by medicines, given from the first to the ten thousandth potency, would have occurred without their administration, as to say it of these cases. So far as these convulsions are concerned, I believe we have an unfailing maxim laid down in the *Organon*, to the effect that it makes no difference practically of what variety the convulsions may be, whether hysterical or puerperal, so long as we prescribe for the symptoms. We profess to prescribe for symptoms, and in these cases, as in all others, we should prescribe to meet the particular indications. I very much dislike to hear the subject of potencies brought up in the Institute.

FRANCIS WOODRUFF, M.D., of Ann Arbor, Mich.: If Hahnemann were to drop down here suddenly, it would trouble him to know whether he was in an allopathic or a homœopathic convention. There seems to be an "irrepressible conflict" here. There seems to be a party determined that nothing shall pass unless it has the mark of allopathy upon it. I hold that any physician who has practiced five, ten, or twenty years, and has used nothing but cold water, if it be the forty thousandth of cold water, and he has succeeded, is a better doctor than he who has used opiates and palliatives, and has not succeeded. The time has arrived when we should arise and present a wholesome opposition to this sort of thing. Fire will burn in the hands of the homœopath as well as in the hands of the allopath. The gift in Hahnemann's discovery was, to cure without killing; and how can you go on consistently, treating a woman in childbed by dealing out opiates and palliatives to cure her diseases, and by all sorts of allopathic measures render her system liable to all sorts of irritation; persisting in a course of treatment that will prevent her recovery. My friend Dr. Baer, who has stirred up this matter, can, I have no doubt, point to many cases of this kind, as he has had a great deal of experience.

A word in regard to the use of chloroform. A professor in the University of Michigan uses chloroform, and I do not; but

you will hear every intelligent citizen of the place where I live say, "Go to Woodruff, and not to the professor." At one time I was losing all my patients because I would not administer chloroform, but many of them died under its use. At last one of my patients who used it without my consent, died under its influence; and that seemed to be the last straw which broke the camel's back. I have stood steadfastly to my principles, have not used chloroform, and will not use it. Some of my friends have found fault with the remarks of Dr. Mercy B. Jackson, but I have had precisely similar experience. I was aware of the fact she alluded to without making the first experiment she spoke of. I do not wish to take up any more of the time of the Institute, and I do not like to see this conflict going on in this way.

DR. N. R. MORSE: I rise to offer a word in explanation.

DR. J. P. DAKE: Mr. President!—

THE PRESIDENT: Dr. Dake has the floor.

DR. DAKE. I am not willing to let this subject pass without putting in a disclaimer against the, in my judgment, hasty and unsound conclusions of my friends, Drs. Ball and Ludlam. Now, I will put their argument into the form of a syllogism. In order to conclude that these cases would have recovered without resort to medication, it is necessary to premise, *first*, that all cases of ante-partem convulsions, not uræmic, recover without medication; and, *second*, that these cases were ante-partem cases of convulsions, and therefore got well without medication. We cannot draw the conclusion of these gentlemen without establishing these premises, and I ask them if they are willing to assume them both.

E. C. BECKWITH, M.D., of Zanesville, O.: I merely wish to say that we ought to be very careful in deciding how cures occur. In this connection I will relate an incident that occurred some time ago. I had a friend, during the earlier years of my practice, who one day said to me: "Doctor, do you remember that frightful pain I had in my head?" "Yes, sir," I said. "You had it a long time, did you not?" "Yes," he replied, "but for more than a year I have been free from it." "Well, my friend, how did you manage to get rid of it?" "Well, Doctor," said he, "I will tell you. I got a dose of homœopathic medicine."

"Ah!" said I, "glad to hear it. I knew you would have to come to that." "But wait a moment," said he. "I got that dose, and I laid it on a shelf, and it is lying there still."

DR. N. R. MORSE: I rise to offer a word of explanation in regard to—

THE PRESIDENT: You cannot speak again without the consent of the Institute.

Several members cried, "No! No!"

GEORGE W. RICHARDS, M.D., of Orange, N. J.: I have listened with a great deal of interest to the discussion—

DR. MORSE (still standing): Mr. President—

THE PRESIDENT: Dr. Morse is out of order. Dr. Richards has the floor.

DR. RICHARDS (resuming): I certainly regard the cases reported by Dr. Baer as having been controlled by the remedies he gave. They were selected by a true homœopathist, according to the symptoms presented, and I am surprised to find so much skepticism expressed by some members in regard to their action. Is there a physician here who has not controlled convulsions by homœopathic remedies in either high or low potencies? I do not believe there is such a one present, who has had much practice. Then why should we doubt in these related cases? These convulsions were evidently puerperal, and of a hysterical character. If they had been uræmic, the results would not have been so happy. I suppose the reason why so much doubt has been expressed in regard to the effects of Dr. Baer's remedies is, that they were administered in high potencies. And yet we observe that in children the thirtieth potency of Cina controls convulsions caused by worms. I remember a case which occurred in my practice some time ago; that of a child, eight years old, who, under allopathic treatment, had chloroform administered for twenty-four hours without effect, and who was cured by a single dose of Stramonium. It was the remedy that did the work.

Several members moved that the papers be referred to the Committee of Publication. This was followed by repeated cries that the question should be put.

DR. A. S. BALL: I wish to know whether the physicians present indorse the use of chloroform as a palliative in these cases.

THE PRESIDENT: That is not to the point, and the question is called for.

DR. BALL: I should like to know how the Institute stands in regard to that subject.

DR. LUDLAM: I wish to offer one word in explanation.

THE PRESIDENT: You cannot, without the consent of the Institute.

DR. S. R. BECKWITH: The question has been called for. It is as fair for one as for another.

DR. G. W. SWAZEY: I have not spoken upon this subject, and I ask the privilege of saying a few words.

A MEMBER: I move the previous question.

A MEMBER: Let us hear Dr. Swazey.

THE PRESIDENT: We will take the sense of the Institute on that point. Shall the previous question now be put?

Not agreed to.

THE PRESIDENT: Dr. Swazey has the floor.

DR. SWAZEY. It is not so much my zeal, Mr. President, which induces me to speak; but it is my wish to offer a few remarks, which may be the means of inducing still others to engage in discussing this very important subject. It seems to me to be an unhealthy state of affairs, that we are to remain in doubt whether certain results have been produced by the medicines we have given or not. I do not believe that the best way to settle the question is to attempt to suppress a free and fair discussion. What I wish to say, however, is, that I do not feel myself under obligation to believe one-half of what I have heard said on this subject; not that I impute anything to the gentlemen who have reported these cases, but because my experience has led me in a line to raise questions of doubt about it. Now, is there such a thing as a self-limiting disease? With our habit of dosing every case—it is so easy to dose—and because we know we do no harm in doing it, we hardly know whether there is such a thing as a self-limiting disease. Is not this apropos to the point which my friend Dr. Ludlam has taken, and which, I am sorry to see, is not better advocated and sustained by the members of the Institute. It is perfectly fair to say that these convulsions depend upon the irritable condition of the uterus at the time,

for it appears that when that condition is removed, the cause of the convulsions is removed, and the convulsions begin to cease; —*tolle causam.* The remembrance of this will be a wholesome restraint upon our too easily believing that all results follow in consequence of the means we use. Let us believe that much is done not specially to be accredited to the means we have used, or our handy efforts to give medicines.

The strictures of Dr. Guy are in my opinion not well put; but I will not question the simplicity of the syllogism of Dr. Dake. Had he put it in other words, however, it would not be so forcible as it appears. He says we must accept the premise that all ante-partem convulsions must be cured of themselves. Nobody says so. No one has had any opportunity to prove whether it be so or not, because we always give our medicines. If he had put the proposition in these words: Do you believe that most of these convulsions would subside without medical treatment? I presume the gentleman would be ready to say almost with one accord, Yes, I do, because the cause of the convulsions would in time be removed.

Of what force is it for a person to say he has cured hooping-cough, after he has dosed it for twelve weeks? I merely wish to support my friend Dr. Ludlam in the point which he made, and which I think is very well taken, although I do this without any disparagement of the high medication of Dr. Baer. I do not doubt but that he has given us a perfectly accurate description of his cases; but when we come to serious thinking about it, were they really as bad as they appeared? Nobody wishes to derogate aught from the honors of any physician, but we should, if we would be good physicians, be reasonably critical in these matters, and not claim too much for our medicines. It seems to me that the ground that most of the speakers have taken in this matter demands of us altogether too much. Suppose I have one of these cases of puerperal convulsions to treat, and I give, as Dr. Small says, the two hundredth potency of cold water, or the forty thousandth of nothing, are you obliged to believe me, or are you obliged because I gave it to attribute the results to my having done so? I trow not.

A number of members now called for Dr. O. P. Baer.

DR. BAER: Do we not, as homœopathists, use medicines in accordance with the homœopathic law of cure as expressed in the formula—*similia similibus curantur?* If we do, and the cases I have reported pictured accurately the pathogeneses of the remedies given, then were the remedies homœopathically indicated and prescribed? And if they were thus prescribed in accordance with the homœopathic law, did they not cure the cases? There has been several cases of the character I have described in my neighborhood within the past four months. Two of them died under allopathic treatment, after two weeks' sickness. I was called to one of these cases, but did not arrive until half an hour after the patient's death. She had had chloroform, calomel, opium, strychnia, &c., and yet she did not recover, notwithstanding that Drs. Ludlam and Ball think she ought to have recovered. One of the first cases I was called to see had at least forty spasms in the course of thirty-six hours. Dr. Davis gave her chloroform in every spasm, without the least amelioration. He gave her Belladonna down to the lowest dilution. He was a good homœopath; he always used chloroform under all circumstances. I saw the horrible picture I have described to you, and then I began to give Belladonna 200th; then the next spasm was so much lighter that you could scarcely see the picture, and then came another, not so well pronounced, immediately previous to the birth of the child. Now, gentlemen, what do you infer? The case which occurred within a square of me, and which died under allopathic treatment half an hour before I arrived at the house, had thirty or forty spasms, and died apparently in a spasm. All other cases which were under allopathic treatment died also; some had thirty spasms after delivery. Why did they not get well? Gentlemen, I tell you plainly the only cases that occurred in Richmond and were cured, were cured under homœopathic treatment.

If this principle is going to prevail, all we have to do as strict Hahnemannians is, to organize another society, if our reports are not respected. I have told a truthful, honorable, and upright story. Do not suppose that any member would report cases improperly, or would lie in reporting a case. An ungentlemanly idea in this respect was thrown out by Dr. Ball. It was dis-

respectful to the members to insinuate that any of them would make false reports. We should remember that we are here to instruct each other and to be instructed, and not simply to report cases for self-gratification. I did not report these cases to gratify myself, but because they were recent cases, had occurred in my neighborhood, and were successfully treated while other cases died, and yet this has been my reception. In the case reported in the first paper read the gentleman gave Belladonna, three or four doses.

DR. RUSH: The spasms did not last three or four days.

DR. BAER: You will see that in my case the spasms stopped during the night. They did not last twenty-four hours. None of these cases lasted thirty-six hours after medication began, but I continued to give the medicine during three or four days.

DR. RUSH: I spoke merely to correct what I supposed was a misapprehension of my case.

DR. BAER: I was not finding fault with you, but was calling attention to the fact that you prescribed Belladonna in lower attenuations, and you say you cured your case. My cases were also cured. The two cases under allopathic treatment died. Yet Dr. Ludlam says that the cases would probably have recovered anyhow. There must be a mistake somewhere, and somebody is amenable.

DR. BALL: I think my friend Dr. Baer misunderstood me and is making this thing personal. I have the highest respect for Dr. Baer. I think it is a strange matter if a physician is not permitted to say that he has serious doubts whether the use of certain medicines was efficacious or not. It was no personal matter, but simply an expression of doubt. I hope the Doctor will so understand it, and not regard it as a personal attack.

DR. BAER: I do so understand it.

DR. BALL: We certainly have the privilege of doubting the efficacy of the medicines he gave.

DR. JOHN H. WOODBURY, of Boston, Mass.: It seems to me, gentlemen, that you have all been laboring under a misunderstanding with regard to the positions of each other, to a very great extent. I was very much interested in the report made by Dr. Baer. I consider the treatment admirable. Yet I must

say that I regard the point made by the gentleman from Massachusetts (Dr. Morse) as well taken. I think you will all agree that puerperal convulsions arise from a great variety of causes; and their character and intensity depend to a very great degree upon the exciting cause. I think the question of Dr. Morse as to whether the urine had been examined was very pertinent. If we had been told that the urine contained a large quantity of albumen, that there were unmistakable indications of a large amount of urea in the blood, I should have considered the cases as of much greater importance than if the urine was found to be normal, as it was, and the convulsions began to subside, as they did, promptly upon the emptying of the uterus. We sometimes see cases of convulsions resulting from uterine irritation, which seem frightful and which sometimes continue for months in spite of all treatment, sometimes yield nicely to homœopathic treatment; and others recovering without any treatment. Now I think the point in the subject under dispute lies just here: Dr. Baer controlled these cases, cut them short, cured them; but at the same time I believe that it is true that these same cases would have recovered without treatment, though perhaps not so promptly. I do not think any physician here would impugn the treatment of Dr. Baer because the medicines were given in high attenuations, nor do I understand that this has been done. Professor Ludlam's remarks went to the point, that these cases were of such a character that they would have recovered without any treatment; that they were not of an especially dangerous character, as they would have been had they resulted from uræmic poisoning. Now I hope we shall all understand each other better, and that Dr. Baer will not feel that he is lying under any imputation; for I do not think any one here designed to impute to him any improper or unworthy motive, or anything of that sort.

DR. SMALL: I now move that the previous question be put.

Agreed to.

The papers of Drs. Rush and Baer were then accepted and referred to the Committee of Publication.

S. S. LUNGREN, M.D., of Toledo, O., then made a verbal statement in regard to his paper descriptive of a case of *Corroding Ulcer of the Womb*, which, he said, was not completed.

DR. A. E. SMALL: As the hour is getting late, I would move, if in order, that the paper be laid on the table, to be taken up as the special order to-morrow morning at 10 o'clock.

THE PRESIDENT: The Chair would say, that while these discussions are very interesting, and this bureau is an exceedingly important one, affecting the commencement of life as well as its continuance, we have yet a number of bureaus and committees to hear from. The Bureau of Obstetrics, the Chair would suggest, had therefore better be closed to-night rather than carried over to to-morrow. If this paper is to be discussed, it would be better to have it done now.

DR. SWAZEY: I move, as a substitute for Dr. Small's motion, that the balance of the papers in possession of the bureau be referred to the Committee of Publication, and the bureau closed.

Agreed to.

HENRY NOAH MARTIN, M.D., of Philadelphia: I beg leave to withdraw my paper. I wish to say that when I came here I came to learn something. I like to hear discussions; not such as can be gleaned from our books, but such remarks as I have heard from Dr. Gregg and others. I would be willing to stay here all night if I could learn something by it. I do not care to have my paper published, but I should like to hear some remarks upon it, and learn something.

DR. LUDLAM: There are other papers of the bureau that I should like to hear discussed, but that cannot be done to-night.

DR. MARTIN: I would rather withdraw my paper, and present it at some future time. I want to have it discussed when it is presented.

DR. J. P. DAKE moved that Dr. Martin have leave to withdraw his paper for another year.

Agreed to.

On motion, the report of the

COMMITTEE ON FOREIGN CORRESPONDENCE

was taken up. DR. DUNHAM presented the report, which was, on motion, accepted and referred to the Committee of Publication. (Section I, Art. 15.)

On motion the

BUREAU OF MEDICAL LITERATURE

was next called for. There being no report rendered, on motion the bureau was closed.

On motion, the report of the

COMMITTEE ON A HOMŒOPATHIC DISPENSATORY

was called for.

DR. CARROLL DUNHAM, Chairman of the Committee, presented the report. On motion, the report was accepted and referred to the Committee of Publication. (Section I, Art. 14.)

THE PRESIDENT: It was made a special order by the Institute this morning, that the Chair should appoint a committee to have in charge the business of the contemplated World's Homœopathic Convention, to be held in Philadelphia in 1876. It will be remembered that the member of the committee from Massachusetts was appointed by the Institute. I will now announce the

COMMITTEE ON THE WORLD'S HOMŒOPATHIC CONVENTION.

MAINE,	WILLIAM E. PAYNE, M.D.
NEW HAMPSHIRE,	J. H. GALLINGER, M.D.
VERMONT,	G. N. BRIGHAM, M.D.
MASSACHUSETTS,	I. T. TALBOT, M.D.
RHODE ISLAND,	J. C. BUDLONG, M.D.
CONNECTICUT,	G. H. WILSON, M.D.
NEW YORK,	CARROLL DUNHAM, M.D.
NEW JERSEY,	J. J. YOULIN, M.D.
PENNSYLVANIA,	J. C. BURGHER, M.D.
DELAWARE,	A. NEGENDANK, M.D.
MARYLAND,	F. R. MCMANUS, M.D.
DISTRICT OF COLUMBIA,	T. S. VERDI, M.D.
VIRGINIA,	J. V. HOBSON, M.D.
NORTH CAROLINA,	W. E. FREEMAN, M.D.
GEORGIA,	F. H. ORMES, M.D.
LOUISIANA,	W. H. HOLCOMBE, M.D.
ARKANSAS,	A. WALKER, M.D.
TENNESSEE,	J. P. DAKE, M.D.
KENTUCKY,	W. H. HUNT, M.D.
MISSOURI,	T. G. COMSTOCK, M.D.
OHIO,	S. R. BECKWITH, M.D.

INDIANA,	O. P. BAER, M.D.
ILLINOIS,	R. LUDLAM, M.D.
MICHIGAN,	F. WOODRUFF, M.D.
WISCONSIN,	L. E. OBER, M.D.
IOWA,	G. N. SEIDLITZ, M.D.
MINNESOTA,	J. F. ALLEY, M.D.
NEBRASKA,	W. H. H. SISSON, M.D.
KANSAS,	S. K. HUSON, M.D.
CALIFORNIA,	G. W. BARNES, M.D.
NEVADA,	E. A. WILD, M.D.

And the following additional members, from Philadelphia, to act as the

EXECUTIVE COMMITTEE:

C. HERING, M.D. — B. W. JAMES, M.D.
R. J. MCCLATCHEY, M.D. — WALTER M. WILLIAMSON, M.D.
HENRY N. GUERNSEY, M.D. — PEMBERTON DUDLEY, M.D.
F. E. BOERICKE, M.D.

On motion of DR. JOHN E. JAMES, of Philadelphia, the Institute then adjourned, to meet on Thursday morning at 10 o'clock.

THIRD DAY.

MORNING SESSION.

The Institute was called to order at 10 o'clock, pursuant to adjournment, the President in the chair.

DR. J. P. DAKE said: Mr. President, I move that the order of business be suspended, to enable me to present an amendment to the by-laws. I wish to offer it now, because it is of importance to have it acted on at this part of the session, that it may be carried out at this meeting of the Institute.

The rules were accordingly suspended.

DR. DAKE then offered the following *amendment to the by-laws:*

Resolved, That Article X of the by-laws be so amended, that after the words "ensuing year," on the bottom line of page 188, *Transactions* of 1871,

there shall be added the following words: "*and the selection of* ONE *subject upon which papers shall be solicited during the year and read during the session, that subject alone being the one for discussion; all papers upon other subjects to be referred to the Committee of Publication without reading, except upon special call of the Institute.*"

DR. DAKE: I will take just one minute to explain. It has been evident to the Institute at this meeting that we have so many subjects and so many papers before us that it is utterly impossible to have them all read and discussed. Now, inasmuch as the object of our coming together is to discuss things, it is best that we should have but one subject presented by each bureau, that we may discuss that subject thoroughly. As it is, papers are brought here and simply referred without being read or discussed. Let each bureau select one subject, announce it, and let us come here and discuss that subject.

HENRY B. CLARKE, M.D., of New Bedford, Mass.: It seems to me the proposed amendment of Dr. Dake, if carried out, will serve very largely to concentrate our thoughts and action in a given direction, and make our meetings much more instructive. I rise to second the proposition.

DR. S. R. BECKWITH: I like the proposed amendment very much, but I do not quite see whether it can be enforced or not, unless the Chair is ready to appoint the bureaus and committees, so that it can be carried out at this session. The time is now so very limited, that the resolution had better, perhaps, be laid over until next year.

DR. J. J. YOULIN, of Jersey City, N. J.: In the article of the by-laws that Dr. Dake proposes to amend, it is provided that the chairman of each bureau shall call his bureau together during the session of the Institute, the object being to cut out the work for the ensuing year. There is another provision of the by-laws, which declares that each bureau shall be appointed by the Chair immediately after its report and papers have been acted upon. This provision has never been carried out. If the bureaus are to be filled at the last moment, when the members are flying hither and thither, and getting ready to go home, of course they cannot be got together; but if the appointments were made as directed, then this amendment to the by-laws could

be carried out, and it would be found to tend greatly to increase the interest of our meetings.

DR. S. M. CATE: I think Dr. Dake's amendment looks very well on paper; but for practical purposes I think he should be put at the head of one bureau and Dr. Clarke at the head of another, and let them try to carry it into effect. If the bureaus are to be appointed late in the session, they cannot be called together, as generally but a small minority are then present.

DR. DAKE: We must carry out the laws if we can.

DR. HENRY NOAH MARTIN: I wish to make one remark in reference to members being appointed on bureaus who do not attend our meetings. It seems to me that there ought to be a change in this respect, because there are members who do attend who are perfectly competent to be placed on bureaus. Let us have men appointed to these bureaus from whom we can learn something. Let us have the subjects presented discussed thoroughly. Let it be an "experience meeting." Let us all give in our experience, or let us give the older men a chance. Let them give their experience, and we younger men will sit down and listen to them, and try to learn something. That is what we want. We want to learn something, and not to have a long discussion published at the end of the session and learn nothing from it. I want to hear men speak who have had a large experience. I want them to tell us about their difficult cases. I want to feel when I go away that I have learned something. An amendment of the kind proposed will be serviceable. Let us have members appointed to the bureaus upon whom we can depend. How many members of bureaus are there who have attended at this session, or sent in papers? Those who are constant attendants on the meetings are not appointed on the bureaus; celebrities are appointed who are not present. Let us have the working men appointed, so as to get at some of their experience.

DR. JOHN K. LEE, of Philadelphia: It strikes me that this is a very important point, and one that, in my judgment, will be found valuable in theory and practice. The observation of members who have attended this session will convince them that under the present arrangement our discussions are superficial;

but under the operation of Dr. Dake's amendment they will be exhaustive, and advantageous to members who are present at the time, as well as to those who afterwards read the printed proceedings. I hope the motion will prevail.

Article X of the by-laws, with the proposed amendment, was then read by the Secretary.

The amendment to the by-laws was then unanimously adopted.

Dr. H. B. CLARKE then submitted the following resolution.

Resolved, That the reports and papers of the various bureaus to be presented, be printed and laid before the members of the Institute at the opening of each annual session.

DR. RICHARD KOCH, of Philadelphia: I would move to amend the resolution so as to exclude all papers that are intended to be discussed. As they are to be read, it will not be necessary to have them printed.

DR. H. B. CLARKE: I accept that as an amendment.

THE SECRETARY: I would ask at whose expense this printing is to be done; whether at the expense of the Institute, or of the members who prepare the papers?

DR. CLARKE: My intention was that the expense should be borne by the Institute.

THE SECRETARY, upon call, re-read the resolution as amended.

THE PRESIDENT: The Chair would suggest to the Institute that this is a very serious matter. It involves the expenditure of a large sum of money.

DR. WOODRUFF, of Ann Arbor, Mich.: I have an experience of twenty-five years in legislating on this subject, and I regard it a waste of time to argue it. It will tend to decrease the number of our papers. It is no small matter to sit down and write a paper. It is an expense to any physician, but when you add to that the expense of printing, it will decrease the number, but it will give us better papers. I have printed my papers and I intend to do so in the future. If you have a customer who is a printer you may make "one hand wash the other," and in that way it won't cost so very much after all. I support Dr. Clarke's resolution.

THE SECRETARY: I gave way to have the motion re-read,

Mr. President, and I now ask the privilege of saying a few words. The Institute is not quite aware of the expense involved by the publication of papers in advance as proposed. As you know, sir, the papers read at each meeting of the Institute make up from two-thirds to three-fourths of the annual volume of *Transactions*. The Treasurer's report will tell you what the whole volume costs, and from that you can calculate what the publication of these papers will cost additionally. The members of the Institute should bear this in mind when they vote on the question. But, sir, this resolution is objectionable, in my mind, for another reason. Papers have been presented to the Institute which have not been received and have not been published, and objectionable papers may again come before us which it would not be desirable to give any countenance to. Now, if the Institute authorizes an indiscriminate printing of papers at its expense, it is necessarily and to a great extent committed to the indorsement of all those papers.

R. F. BAKER, M.D., of Davenport, Iowa: I move that the resolution be laid on the table.

Agreed to.

THE PRESIDENT: The order of business calls for the report of the Board of Censors.

DR. JOHN E. JAMES: The Board is not yet ready to report.

DR. T. S. VERDI announced, in behalf of the Committee on Legislation, that Dr. John F. Gray, of New York, would be present at 11 o'clock, and make an important communication to the Institute.

THE PRESIDENT: The next business in order will be the report and papers of the

BUREAU OF SURGERY.

DR. BUSHROD W. JAMES announced the following papers as being in possession of the bureau.

Lithotomy; by JOHN J. DETWILER, M.D., of Easton, Pa. (Section V, Art. 48.)

Syphilis; by S. R. BECKWITH, M.D., of Cincinnati.

Tumor of the Ethmoid Bone; by N. SCHNEIDER, M.D., of Cleveland.

Strangulated Hernia; by N. SCHNEIDER, M.D., of Cleveland. (Section V, Art. 49.)

Ovariotomy; by N. SCHNEIDER, M.D., of Cleveland. (Section V, Art. 50.)

Clinical Surgery; by MALCOLM MACFARLAN, M.D., of Philadelphia. (Section V, Art. 51.)

Cancer; by GILES M. PEASE, M.D., of Boston. (Section V, Art. 52.)

Surgical Improvements; by BUSHROD W. JAMES, M.D., of Philadelphia. (Section V, Art. 53.)

DR. B. W. JAMES exhibited and explained the use of a number of new surgical instruments and appliances, including Knight's Double Stethoscope; Polypus Écraseur, for removing uterine polypi; a Vertebrated Catheter; Smith's Clamp, for hæmorrhoids; Wilson's Uterine Dilator; an instrument for throwing spray into the Eustachian tube, &c., &c.

DR. J. J. DETWILER then exhibited a number of calculi of various sizes and shapes, removed by him from the human bladder; giving at the same time a brief account of each operation; and exhibiting a long-handled, probe-pointed knife, having a tapering blade with a cutting edge of less than a quarter of an inch. With this instrument he divides a portion of the urethra, passes the prostate gland, and enters the bladder, giving ample room for the removal of the largest calculus exhibited, and without running any risk of mishaps which so often follow the use of the English bistoury or the gorget. One of the calculi exhibited weighed eight ounces, and another was a beautiful specimen of oxalate of lime calculus, of very irregular formation, and which was removed with great difficulty. He was not aware of the existence of a specimen like it in any cabinet in the United States. He also referred to lithotomy in the female.

The hour of eleven having arrived and Dr. Gray being present, the business of the Bureau of Surgery was suspended, in order that the Institute might listen to a report from the

COMMITTEE ON LEGISLATION.

DR. JOHN F. GRAY, of New York (whose presence upon the platform was greeted with great applause), said: Last night, Mr. President, after I had retired, I was aroused from my slumber by the receipt of this telegram. I awoke with more pleasure, sir, than I ever experienced from a call by one of my most remunerative patients in my younger days. It was a telegram from Horace M. Paine, M.D., of Albany, N. Y., notifying me that the bill which the Homœopathic Medical Society of the State of New York had been for three years strenuously endeavoring to have enacted in regard to the qualifications for the degree of Doctor of Medicine, had been signed by the Governor of New York, and is now a part of the law of that State. The substance of that bill is the appointment of an independent Board of Medical Examiners by the regents of the University of New York; the latter being an organic branch of the government of the State. The Board of Examiners is to be appointed irrespective of medical schools. (Section I, Art. 13.)

The main feature of the bill is, that a candidate, before he can come before the Board of Examiners, must give satisfactory proof to the Chancellor that he has a competent knowledge of the Latin language,—the language in which we should write our prescriptions, and have them prepared instead of preparing medicines ourselves—of the German or French language, and of the Greek grammar, and of the various branches of education taught in the normal schools of the State.

Another feature of this bill is, that all who would pass this Board of Examiners must sustain an examination in all the branches common to both schools of medicine—must sustain an examination in the therapeutics of both schools.

The effect of the bill will be that all who take the degree of Doctor of Medicine in this way will attain very high honors. It will also produce greater diligence in study and a higher studentship amongst practitioners. I hope the Institute will authorize and direct the Secretary to telegraph the Governor of the State of New York the very great gratification with which this Insti-

tute, sitting in regular session, has received this intelligence. (Applause.)

I believe that is all I have to say. I will, with your permission, prepare a memorandum of this matter to be printed with the proceedings of this meeting.

A MEMBER: If the Doctor will allow me, I would inquire if all who come before this Board of Examiners are expected to be equally well acquainted with the Materia Medica of both schools?

DR. GRAY: Yes, sir. They must sustain an examination in the therapeutics of both schools.

THE PRESIDENT: Are we to understand that allopathists are to be examined as to their knowledge of homœopathy?

DR. GRAY: Yes, sir! (Laughter and applause.)

It was moved that the report of the Committee on Legislation be referred to the Committee of Publication.

Agreed to.

THE PRESIDENT: What order will you take as to the recommendation of Dr. Gray to telegraph to the Governor of New York?

DR. G. W. PARKER, of Philadelphia: I move that it be carried out as suggested.

Agreed to.

DR. S. R. BECKWITH: Dr. John F. Gray being the oldest American homœopathist, I move that he be requested to take a seat beside the President during the remainder of the session.

Agreed to.

DR. BECKWITH: I further move, Mr. President, that all former Presidents of the Institute now present, are requested to be seated near the President during the remainder of the session.

Agreed to.

DR. T. S. VERDI, Chairman of the Committee of Arrangements, said: Mr. President, Dr. Bliss had very kindly invited the Institute to meet him in a fraternal manner at his house today, and partake of luncheon with him; but owing to the sudden illness of his wife he has been compelled to withdraw the invitation. He greatly regrets this circumstance. I hope the Institute will accept the apology of our friend Dr. Bliss.

I would also state that Governor and Mrs. Cooke will receive

the members of the Institute and their ladies at their mansion in Georgetown to-night, at eight o'clock.

DR. J. F. GRAY: It would be very gratifying to the physicians of New York, if, at the same time a telegram is sent to the Governor of the State, one of a similar tenor be sent to Dr. Paine, the Recording Secretary of the State Society.

This suggestion was on motion agreed to.

The business of the Bureau of Surgery was then proceeded with.

Dr. S. R. BECKWITH, of Cincinnati, read his paper on *Syphilis.*

DR. J. H. MCCLELLAND moved that the paper be accepted and referred to the Committee of Publication.

Agreed to.

DR. N. SCHNEIDER presented his paper entitled *Tumor of the Ethmoid Bone,* which was read by title and referred to the Committee of Publication.

DR. SCHNEIDER then read his paper descriptive of a case of *Strangulated Hernia.*

DR. S. R. BECKWITH: I rise to express my gratification at the able manner in which this subject has been presented. The paper is replete with interest, especially in regard to the time of operation as laid down by the Doctor. This subject is more particularly interesting to physicians, however, than to surgeons; for as a surgeon I am aware that usually valuable time is lost before the surgeon is called. I wish to give my opinion in regard to the application of heat in cases of strangulation, which Dr. Schneider wishes to have done away with. My opinion is that we should apply as intense heat as can be borne for a short period of time; not long enough to excite plastic exudation, but for the purpose of relaxing the tissues and thinning the blood. By this means some cases of strangulated hernia have been relieved. In cases where heat has been applied for hours, it has been found that there have been plastic deposits at the seat of strangulation, the whole canal being filled with tissue that had to be broken down; or fibrous bands are thrown out around the intestine that cannot be dissected off with safety.

In regard to the time of operating, I think we have always

been in error. Instead of waiting five, six or more hours, spending valuable time in efforts at reduction, it seems to me that the surgeon should be able to tell at once—after he has made proper efforts at reduction—whether an operation will be required. I have known physicians to make efforts at reduction for thirty-two or thirty-six hours, and I have then operated and found the intestine gangrenous. I will give you a case in point.

I was called by Dr. Bigler to see a man who had been injured while shoeing a horse, to the extent that hernia was produced at once and strangulated—a rare case. I made proper efforts at reduction but failed. I then operated, and on cutting down upon the intestine found it very much congested and soft. I have no doubt that in this case if six or eight hours had been wasted in attempts at reduction, the structure would have been broken down by gangrene.

With regard to the power of the system to restore tissues when they are partially gangrenous, it does not seem to be limited, so far as the viscera and tissues of the abdomen are concerned. The intestine may become softened and almost ready to be ruptured by its own weight, and yet when replaced within the cavity of the abdomen it will be restored. I can give an interesting case as corroborative of this opinion; a case in which I operated for femoral hernia and treated for disease of the bladder; the patient having an irritable bladder, with difficult micturition. In this case I found the intestine gangrenous for a considerable distance, and parts of the omentum were likewise in a gangrenous condition. The latter I removed, and restored three or four inches of intestine to its place which was jammed down upon the bladder. Some portions of the intestine were cut off, and an artificial anus was made, through which the contents of the gut were discharged. I smoothed off a small almond and applied it over the artificial anus, and over this I applied a compress as a sort of truss. In twenty days after, on removing the dressing, the opening was found to have been healed. There was no mistake about this that a portion of the intestine was in a gangrenous condition, and yet nature had power to restore this to a natural condition as well as to heal the external opening.

I would once more admonish my medical brethren not to wait

too long, in a case of strangulated hernia, before operating or calling a surgeon to operate, not to use force in attempting reduction, as it injures the patient and complicates the operation, and not to apply constant heat for the reasons already given.

A MEMBER: What prompted you to use an almond?

DR. BECKWITH: I cannot tell what prompted me. I saw this almond, found it would cover in the opening pretty well, and in the absence of anything better used it and with complete success.

On motion, the paper was accepted and referred to the Committee of Publication.

DR. SCHNEIDER then gave a brief résumé of his paper on *Ovariotomy.*

DR. J. P. DAKE: The Doctor has several times alluded to the use of carbolized linseed oil. Will he state the proportions of that mixture?

DR. SCHNEIDER: Ten grains of crystallized carbolic acid to the ounce of linseed oil.

DR. S. R. BECKWITH: The Doctor has not given the full details of this really interesting case.

THE PRESIDENT: I would state that he has merely given a résumé of his paper. He has prepared a full report.

DR. BECKWITH: There is some mistake in regard to time. The patient was under my care in 1854, and not as the Doctor states in 1860. The Doctor states that it was a case of unilocular ovarian tumor. When she consented to be tapped, we drew off thirty-two quarts of fluid. When first seen the case was more marked than after we had given *Apocynum cannabinum.* This woman had had perfect health until the time when the symptoms arose which have been described by Dr. Schneider. It was an interesting case from the outset. I think it was almost the first time that *Apocynum* had been administered in such a case. It is of importance to know that where we have such fluid secretions, they may be removed by the use of that remedy. At first we gave ten drops of the tincture at a dose, and afterwards we used the second and third dilutions.

DR. SCHNEIDER: I rise to explain one point upon which I always supposed Dr. Beckwith would agree with me, and that is

that at first the case was regarded as one of abdominal dropsy. If I have been mistaken in this I beg the Doctor's pardon.

W. B. CHAMBERLAIN, M.D., of Worcester, Mass.: I would like to inquire of those who have spoken upon this subject whether they have ever known of a case get well when the color of the evacuated fluid was similar to that of pea soup—a greenish-yellow? I have it from a gentleman who has been in practice some forty years, that under such circumstances he has never known a case recover. He had seen upwards of twenty such cases, all of which terminated fatally.

DR. BECKWITH: Do you refer to ovarian or abdominal dropsy?

DR. CHAMBERLAIN: To both.

THE PRESIDENT: There seems to be no answer to the question.

The paper on Ovariotomy was then, on motion, accepted and referred to the Committee of Publication.

DR. GILES M. PEASE'S paper on *Cancer*, was then read by DR. BUSHROD W. JAMES, accepted, and referred.

DR. E. P. SCALES, of Newton, Mass., referred to a case that proved to be cancer upon microscopical examination, and was cured by the external application of carbolic acid.

Dr. Malcolm Macfarlan's paper, entitled *Clinical Surgery*, was likewise read by Dr. James. The paper was accompanied with a beautifully executed drawing of a cystosarcoma removed by Dr. Macfarlan.

Dr. Macfarlan's paper called attention to the use of *Rowland's Styptic Cotton* for the arrest of hemorrhage. The paper was, on motion, accepted and referred to the Committee of Publication.

DR. B. W. JAMES moved, and it was carried, that the remaining papers of the Bureau of Surgery be referred to the Committee of Publication, and the bureau closed.

DR. F. R. MCMANUS, Chairman of the *Board of Censors*, submitted the final report of the Board.

The report was accepted.

The physicians whose names were reported favorably by the Board were then unanimously elected to membership, with the understanding that their dues for the current year are to be paid to insure the publication of their names with the list of members.

DR. B. W. JAMES: I find a specimen upon the table which

appears to belong to the Bureau of Surgery, but which has no name attached to it, and about which I have very little information. It is a specimen of cancerous growth, removed by Mrs. Dr. Cook, of Buffalo, N. Y., in 1869, by the use of caustic pastes. There had been a discharge of fetid pus for eighteen months. The cure was completed in two months, and the patient has had no return of the disease since.

THE PRESIDENT: Dr. Thomas, of Philadelphia, wishes to make a statement in regard to the

NATIONAL MEDICAL LIBRARY.

DR. A. R. THOMAS, of Philadelphia, then said: I have two items to bring before the notice of the Institute, both of which, I think, are of interest. Some weeks ago, I received a letter from Dr. Billings, the librarian of the National Medical Library, to the effect that the Surgeon-General had resolved to add to the library all American homœopathic publications, and asking my co-operation, with that of others, in accomplishing this intent. Dr. Billings has gone to the trouble of preparing and having printed a list of all the homœopathic books and periodicals which they have not now on hand, but which they are desirous of procuring, in order to complete their collection. This is an important matter for our consideration, as we have in this way an opportunity of placing our works in a central position, and where they will be carefully preserved. Complete copies of our medical publications, including journals, are desired. I wish, therefore, to present the following preamble and resolution:

WHEREAS, we learn with pleasure that the Surgeon-General of the United States is desirous of adding to the National Medical Library all American homœopathic publications; therefore

Resolved, That the members of this Institute are ready to co-operate in the accomplishment of this object, and are willing to contribute books, pamphlets, &c., towards that end.

The other point to which I desire to call attention is this: Dr. W. M. Toner, of Washington, D. C., announces that he is preparing a

MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES,

in which the name, address, and system of practice of every physician in the United States will be given, so far as is possible, and likwise a list of hospitals, colleges, and other medical organizations, with their officers; and he calls upon all physicians to aid him in accomplishing this work, and in making it as complete and correct as possible. To accomplish the work, he is sending out circulars to the physicians of the United States, in which the object to be attained is announced, and questions are asked, with blanks to be filled up in reply. It is to be hoped that all physicians who receive these circulars will respond promptly. They are being sent out in alphabetical order.

The *preamble* and *resolution* offered by Dr. Thomas were then re-read, and adopted unanimously.

The whole subject was then referred to the Secretary, to be by him carried out in behalf of the Institute.

GEORGE W. SWAZEY, M.D., of Springfield, Mass., stated that he had a brief communication to make to the Institute on behalf of Dr. John F. Gray, regarding the

REUNION OF THE FOUNDERS OF THE INSTITUTE.

DR. SWAZEY then presented the following communication:

At the second annual reunion and conference of the founders of the American Institute of Homœopathy, held in Washington, May, 1872, in accordance with the notification of the Secretary, Dr. Henry D. Paine, it was resolved that the Institute, now in session, be requested to enact some measure by which our body of *Seniors* shall be perpetually recognized as such; said body to consist of all those who survive a membership in the Institute of twenty-five successive years, in good standing.

(Signed) JOHN F. GRAY,
G. W. SWAZEY,
LYMAN CLARY,
A. S. BALL,
F. R. MCMANUS,
D. S. KIMBALL,
HENRY D. PAINE.

Dr. Swazey then offered the following resolution:

Resolved, That the American Institute of Homœopathy accept the communication from the Founders of the Institute, and enact that all members of the Institute whose membership dates from 1848, and prior to that date, be considered *Seniors* in this body; that their ranks be augmented annually by all those who shall have maintained twenty-five successive years of membership, and that they be earnestly requested to attend all meetings of the Institute and deliberate in their conferences any advisory measures for its continued success.

Adopted.

E. M. KELLOGG, M.D., of New York, *Treasurer*, then submitted his Annual Report. (Section I, Art. 12.)

L. E. OBER, M.D., of La Crosse, Wis., from the *Auditing Committee*, reported that the report and vouchers of the Treasurer had been examined and found correct. The report of the Auditors was accepted.

The Treasurer's Report was accepted, and adopted.

THE PRESIDENT: The Chair wishes instruction in regard to making appointments to bureaus. The bureaus have been composed during the past years of a limited number of members,—from five to nine and in one instance eleven. Now in the new volume of Transactions, a work that must necessarily have been prepared with great haste and confusion in consequence of the fire of last year, it is stated that the bureaus are to consist of at least one member from each State represented in the Institute. This will give to each bureau a membership of about twenty-five. The Chair will not be able to make any such appointments unless the number for each bureau be limited to nine or some other reasonable number.

DR. S. R. BECKWITH: I would suggest that the whole matter be left to the discretion of the Chair.

THE SECRETARY stated that there must certainly be an error in the by-laws, as printed.

THE PRESIDENT: If my memory is correct, this alteration of the by-laws was presented as a part of the report of the Bureau of Organization, Registration and Statistics, last year, but the Institute refused to act on it. By some inadvertence the matter has been incorporated with the by-laws, as though it had been adopted by the Institute.

The motion that the appointments be left to the discretion of the Chair was then agreed to.

The report and papers of the

BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE

were then called for.

THE SECRETARY presented a paper by J. D. Buck, M.D., of Cincinnati, O., entitled: *Reason, Instinct, Vitality.* The paper was referred to the Committee of Publication. (Section VII, Art. 17.)

There being no further report, and no other papers from the bureau, it was, on motion, closed.

THE PRESIDENT then called for the report and papers of the

BUREAU OF PSYCHOLOGICAL MEDICINE.

DR. N. R. MORSE, a member of that bureau, stated that the chairman, Dr. Foote, was absent. He, Dr. Morse, had in course of preparation a paper on a subject pertaining to Psychological Medicine, but he had not had an opportunity of completing it. The object of his paper was to define psychology. There is some doubt in the minds of some members as to the scope of this bureau, and he intended to present a concise statement as to what was intended to be embraced in the term Psychological Medicine.

The paper on *Electro-magnetism in Relation with Homœopathy,* by Dr. J. H. P. Frost, was then, on motion, taken from the table, and it was voted that it be referred to the Committee of Publication, on motion of Dr. R. B. Rush.

DR. SWAZEY: The passage of this motion was not in order, inasmuch as no opportunity was given for remarks. I made the motion, when the paper was before the Institute in an early part of the session, that it be laid on the table, and I did so that I might have an opportunity to examine it, and afterwards bring it up for discussion at a proper time.

DR. S. R. BECKWITH: I call the gentleman to order. There is no motion before the house.

DR. SWAZEY: I merely wish to remark that when I have a paper laid upon the table, designing to take it up again, no other

gentleman should take it up and have it put out of sight while I am not attending.

THE PRESIDENT: The Chair would decide that the question having been put and voted on before any time had been allowed for remarks on the motion, it is no more than right and proper that it should be considered as not having been voted on. I would therefore declare the question of referring as open for remarks.

DR. BECKWITH: I would ask if this is in order?

THE PRESIDENT: The Chair had not declared the question carried.

DR. BECKWITH: Is it necessary that the Chair should declare the vote?

THE PRESIDENT: Yes, sir. Remarks are now in order.

DR. SWAZEY: I have no objection to any action that may be taken on this paper, provided it be properly entertained by the Institute. In reading the paper I discovered that there was great learning, research, and a vast amount of labor in it, touching upon a subject somewhat new. I feel that it would be a great injustice to the author to put it so suddenly out of sight. Inasmuch as the Bureau of Psychological Medicine has expressed a willingness to adopt the paper as a part of its report, and present it as such for discussion, I hope it will not be referred without being read and discussed. If it is not the pleasure of the Institute to discuss it, it will at least be referred with proper respect to Dr. Frost. I now move that the paper be referred to the Bureau of Psychological Medicine, to be by them presented at once.

DR. MORSE: I have not had time to read over the paper, but I promise to do so and to introduce it to-morrow morning.

DR. SWAZEY: Not being willing to create any complexity or confusion, and not wishing to embarrass or inconvenience the bureau, I withdraw my former motion, and move the reference of the paper to the Committee of Publication. (Section II, Art. 33.)

Agreed to.

DR. BECKWITH: I now move that the Bureau of Psychological Medicine be closed.

Agreed to.

THE PRESIDENT: The next business in order will be the presentation of the report and papers of the

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

T. P. WILSON, M.D., of Cleveland, O.: Dr. Angell, chairman of the bureau, was compelled to resign his position on account of sickness, and the duties of chairman of the bureau very recently devolved on me. There are very few members of the bureau and this is its initial year of independent existence, and hence there are but few papers to report. We shall hope to do better in the future. The following are the papers in possession of the bureau:

General Observations on Ophthalmic Surgery; by T. P. WILSON, M.D., of Cleveland, O. (Section IX, Art. 1.)

Report of the Ophthalmic Department of Cleveland Homœopathic Hospital College; by T. P. WILSON, M.D. (Section IX, Art. 2.)

Aural Surgery; by T. P. WILSON, M.D. (Section IX, Art. 3.)

These papers were read by DR. WILSON, accepted and referred to the Committee of Publication, and the bureau closed.

DR. S. S. GUY, of Brooklyn, N. Y.: I have here a specimen which should have been presented while the Bureau of Surgery was open.

THE PRESIDENT: It has already been presented by Dr. James.

DR. GUY: I do not so much refer to the specimen itself as to the case and its manner of treatment, which are very interesting. It was an open, suppurating cancer, removed by Mrs. Dr. Cook, of Buffalo, N. Y. It had an open, suppurating surface of about two inches in diameter, which penetrated deeply into the centre of the gland, and had been discharging pus for many months. It had been treated in various ways, but was regarded as incurable. Dr. Cook removed the skin around the surface of the indurated gland so as to separate the external integuments from the gland itself, by the use of caustic potash, which caused considerable pain. After having completed this, which took but a short time, she made an application of equal parts of sulphate of zinc, hydrastin, and wheat flour, made into a moderately thick

paste with water. This was applied to the surface until the suppurating portion was in a great measure destroyed; probably in the course of a few days. She then made incisions with a scalpel in various directions and inserted pledgets which had first been covered with this paste, and allowed them to remain in for two or three days, or until they had produced all the action that they apparently could. They were then removed, the incisions deepened, and other pledgets inserted. This process was continued for about two months. At the end of that time, having reached the foundation of the gland, it sloughed off entirely, as a whole, and you see it here. Now this process went on from the beginning with little or no pain. The wound was dressed with carbolized glycerine, and it healed up nicely and kindly. The patient was restored to perfect health.

DR. J. H. MCCLELLAND: I would ask is that given as a new procedure?

DR. GUY: I do not know that it is; I have related the case as it was related to me by the practitioner herself.

DR. S. R. BECKWITH: I move that the paper by Dr. James on cow-pox virus, be taken from the table and referred to a committee of three, whose duty it shall be to report on it at the next meeting of the Institute.

THE PRESIDENT: I will first put the motion to take from the table.

Agreed to.

THE PRESIDENT then put the question of reference to a special committee.

DR. CATE, of Salem, Mass.: I think the object sought by the gentleman from Ohio would be better attained by referring the subject of vaccination to a committee. I think it would be better for the Institute to have this paper published, that members may read it. I move, as an amendment to Dr. Beckwith's motion, that the paper be referred to the Committee of Publication.

Seconded by a number of members.

DR. BECKWITH: I am sorry my friend, Dr. Cate, has offered this amendment. He knows that my object is to prevent this paper from receiving in any way the sanction of the Institute. There is such a thing as improper haste in accepting a paper.

By accepting it we virtually adopt its sentiments as our own, and place ourselves in the position of the author. On this subject we ought to set ourselves intelligently before the profession and the public. I hope the amendment will not prevail.

THE PRESIDENT: There is a standing resolution to the effect that, by accepting and publishing a paper, the Institute does not necessarily indorse its sentiments.

DR. BECKWITH: The resolution reads so, I am aware; but by publishing a paper we give it our approval. How can we say that we are not at all responsible for the contents of a paper that we vote to publish?

DR. GUY: We do not necessarily indorse its sentiments by publishing it.

DR. BECKWITH: That is making a very fine point, in my opinion.

DR. JAMES: The Institute can save itself from further trouble in this matter, by allowing the paper to remain on the table. It has not been accepted, and I will retain it, and that will be the end of it.

THE PRESIDENT: The paper is in the custody of the Institute, and has been taken from the table.

DR. CATE: There is a misapprehension in regard to the scope of this paper. It does not go into the merits of vaccination at all; but Dr. James gives us an account of his experiments in propagating what he calls cow-pox virus. I think a number of us might find something practical in the paper, and I do not see why it should not be published, if the Committee of Publication pass a favorable verdict upon it.

DR. JAMES: The paper is not at all upon vaccination. It is a paper on the propagation of cow-pox virus. If the members do not want to know how to propagate this virus, and how to overcome the difficulties in the way, I certainly do not wish to thrust my paper at them.

DR. PEMBERTON DUDLEY, of Philadelphia: So far from wishing to put this paper out of sight, if the members had been placed in the position that we Philadelphians were in during the epidemic of small-pox through which we have passed, they would be able to appreciate the importance of the work that Dr.

James was engaged in, and which he describes in this paper. When the scourge of small-pox broke out amongst us, and very rapidly spread over the city, vaccine virus (the hot weather having just passed) of a reliable character was scarcely to be obtained. Our usual German supply failed us. Dr. James, at that time, secured some good virus, and surmounting all the difficulties that met him at every step with a determined spirit, successfully produced an abundant supply of a reliable material, that he and his friends, and others who used it, will testify to as efficient. The thanks of the Philadelphia members, at least, are due to Dr. James.

DR. BECKWITH: I accept the amendment of Dr. Cate.

Dr. Cate's motion to refer the paper to the Committee of Publication was then agreed to.

DR. CARROLL DUNHAM then, by permission, offered the following resolution:

Resolved, That, to members of the Institute, in good standing, who shall signify to him their intention to attend meetings of Foreign Homœopathic National Societies, the Secretary is hereby instructed to give a certificate of membership and an official letter of introduction.

Adopted.

HENRY M. SMITH, M.D., of New York: I rise to ask for instruction, and to make an explanation. A few moments ago, the President made a statement in regard to the appointment of bureaus, and that, according to the by-laws, as now published, he was obliged to select for every bureau one member from each State represented in the Institute. The by-laws have been amended from time to time, at the suggestion of various persons, through the Bureau of Organization, Registration, and Statistics. But a careful revision of the by-laws, and a comparison of the acts of the Institute, show that in the printed transactions some errors have crept in. In view of this, the Bureau of Organization, Registration, and Statistics ask that the Institute will fix a time at which they will hear a special report on this subject. I move that to-morrow morning, at nine o'clock, be the hour for hearing a special report on the by-laws as altered from the authorized edition.

DR. B. W. JAMES: I second the motion.

DR. SMITH: This matter, gentlemen, affects materially the vitality of the American Institute of Homœopathy. It shows that the power of the Institute is put into the hands of a few men. Excuse me if I say that it may some time come into the hands of unprincipled men; and as we increase in numbers, we should throw every guard possible around those of our members to whom we delegate the power to make or suggest alterations in our laws, as we do around our officers. I may further add, that the late experience we who are citizens of New York have had, brings this matter into serious consideration. It ought to be investigated.

The motion of Dr. Smith was agreed to.

THE PRESIDENT announced the report of the

BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.

W. M. WILLIAMSON, M.D., of Philadelphia, chairman of the bureau, said that the report would be very brief. They had no report to render so far as statistics were concerned. They had arranged the list of institutions from which reports had been received, but it was not worth while to read them here. The bureau would suggest that there be created a Bureau of Gynæcology to consist of five members.

DR. B. W. JAMES moved that the report be accepted and referred to the Committee of Publication.

DR. PEMBERTON DUDLEY: I would state that I hope to have something in the way of registration accomplished, next year, for the State of Pennsylvania. I have had in hand the preparation of a Directory of Homœopathic Physicians of that State, and have already the names of about four hundred physicians in active practice. I hope to have this work completed by this time next year.

DR. WILLIAMSON: Promises have been made to me of similar work to be done in the States of Illinois, Indiana, Ohio, Massachusetts, New York, and New Jersey. I expect that next year's report of the bureau will be very full, so far as registration is concerned.

DR. H. M. SMITH: The bureau is engaged in making a per-

sonal history of the homœopathic physicians of the country, not for immediate publication, but to be printed in the future, when our means will permit. Some time ago a register of all homœopathic physicians was in course of preparation, and, at the suggestion of Dr. Talbot, and through his kindness, the lists were published in his journal as they were completed by States. I would state to the members, that we should be glad to receive from each one a personal sketch, including time and place of graduation, names of medical societies of which they are members, titles of works written, or articles contributed to journals, and other interesting items. You will all be well taken care of.

The motion to refer the report to the Committee of Publication was then agreed to.

DR. A. B. SMITH, of Geneva, N. Y., moved that the recommendation of the bureau, that there shall be a Bureau of Gynæcology, to consist of five members, be adopted.

DR. S. R. BECKWITH moved to amend that it be a Bureau of Gynæcological Surgery.

DR. LUDLAM: It seems to me to be more desirable to have the bureaus that we already have well filled, rather than multiply their number. Gynæcology and gynæcological surgery properly pertain to the Bureau of Obstetrics and Diseases of Women and Children, as at present constituted. Any gentleman who wishes to work in the department of gynæcological surgery can do so inside of this bureau, without having a distinct department created, and the work could be done just as well. As practicing physicians, and as practicing specialists in the department of gynæcology if you please, we should have a strong hand and a strong arm in therapeutics, which the old school do not have; we should not, therefore, separate uterine surgery from uterine therapeutics, and give the former too much prominence.

DR. BECKWITH: I should not object to Dr. Ludlam's view, were it not for the passage of Dr. Dake's amendment, to the effect that but one subject shall be presented by each bureau for discussion. We shall have, next year, prolapsus uteri, or some other disease, presented as the only subject for discussion. My object is to have a Bureau of Gynæcological Surgery that shall also present papers on one subject, and have it discussed.

DR. LUDLAM: I am sure that if I am retained on the Bureau of Obstetrics, &c., as it now stands, for another year, I should be glad to have Dr. Beckwith on the same bureau, and have him take hold of the department of Gynæcological Surgery. I hope that Dr. Dake's amendment will not result in confining the bureau to a discussion on prolapsus uteri.

The further consideration of the subject was postponed, and numerous motions to adjourn were made, but the Institute continued in session.

THE PRESIDENT announced that the next business in order would be the report of the

COMMITTEE ON HOMŒOPATHIC COLLEGES.

FRANCIS WOODRUFF, M.D., of Ann Arbor, Mich.: I have here a very lengthy report which I have prepared, and which I do not propose to read. I have had one hundred and fifty copies printed, and they will be distributed to members. (Section I, Art. 17.)

DR. J. H. MCCLELLAND: I move the report be accepted, and referred to the Committee of Publication.

Agreed to.

THE PRESIDENT: The Chair has been able to fill the appointments to three of the bureaus, each consisting of nine members. Before announcing them I wish to know whether it is the pleasure of the Institute that this shall be the number of members for each of these bureaus?

DR. B. W. JAMES: I move that they be announced as appointed by the Chair. They have been appointed in conformity with the law of the Institute.

Agreed to.

THE PRESIDENT then announced the names of members constituting the Bureaus of Materia Medica, Pharmacy and Provings, Clinical Medicine, and Surgery.

THE PRESIDENT said that these appointments had been made with the advice of different members serving on these bureaus, and by the authority of the Executive Committee. He is well aware that there are a great many members who would serve

faithfully and well upon these different bureaus; but as the number of each is limited he was obliged to make selections, and he had endeavored to make them from the different States. The other bureaus were not yet completed, but would be announced to-morrow.

The Institute then adjourned, to meet in the morning at 9 o'clock.

FOURTH DAY.

The Institute was called to order at 9 o'clock, by the President, DR. I. T. TALBOT.

THE PRESIDENT then announced the receipt of the following telegram from the Governor of New York:

ALBANY, May 23d, 1872.

To I. T. Talbot, President American Institute of Homœopathy:

Your message is hereby acknowledged, with the trust that the law in question will work beneficently for the people, and do credit to its promoters.

JOHN T. HOFFMAN.

THE PRESIDENT: While awaiting the special report of the Bureau of Organization, Registration, and Statistics, for which this hour was set apart, is it your pleasure to hear a report from the *Committee on the World's Homœopathic Convention?*

Cries of Yes! yes!

DR. CARROLL DUNHAM, Chairman of the Committee, then said: In behalf of the Committee I beg leave to report, that those members of the Committee of Arrangements appointed by the President at this session of the Institute, have held several meetings or conferences. They have, to a limited extent, filled vacancies, which they were authorized to do. They have already devised in the rough a plan of operations, including the means for raising funds and means for properly bringing the subject to the attention of all homœopathic physicians of the United States, and saying to them, as we now do to those of them who are now present, that we urgently request their cordial and earnest co-operation. We hope that each one will constitute himself a sub-committee to bring the matter before his State or county society,

and urge the active co-operation of that society as a body, and of the individuals who compose it. We also recommend that the American Institute of Homœopathy appropriate the sum of one hundred dollars, to meet the immediate expenses of the Committee of Arrangements in bringing the Convention prominently before the homœopathic world.

The report was received with applause, and, on motion, accepted.

A motion was made that the Institute appropriate one hundred dollars for the purposes of the Committee of Arrangements.

Adopted.

THE PRESIDENT: The Bureau of Organization is now prepared to render its special report on the

UNAUTHORIZED ALTERATION OF THE BY-LAWS.

DR. HENRY M. SMITH presented the report. He said: Mr. President, it was intimated yesterday that there were discrepancies in the versions of the by-laws, as published in the volumes of Transactions of 1870 and 1871. The bureau which I represent is now prepared to state what these discrepancies are.

In looking over the volume of Transactions of 1871 we find that the by-laws which govern this body, as published in 1870, are radically altered, and some of these alterations, if operative, would rather interfere with our standing here as members. In Section 1, of Article IX, for instance, the word "*permanent*," as applied to members, is interpolated, as though there were other members who are not "permanent." But the most serious unauthorized alteration occurs in Article X, and which relates to the number, construction, and business of the bureaus. This article, as printed in the Transactions of 1871, provides for the formation of bureaus which have never been authorized by the Institute, and directs the President to appoint on each bureau one member from each of the States represented in the Institute. It also gives to each of these bureaus the right to hold separate meetings during the general session of the Institute; thus splitting up the annual meeting into a number of meetings of various bureaus. This section also provides that "chairmen of similar bureaus in State societies, represented in the Institute, shall be

ex officio corresponding members of these bureaus." Now compare this section with Section X as published in the volume of Transactions for 1870, and you will find on reading it section by section that the fundamental organization of the Institute, so far as its scientific working is concerned, is radically altered. If this had been done by the action of the Institute, it would be all correct, and no one would have a right to object. But a careful examination of the minutes of the meeting held in Philadelphia, as laid down in the volume of Transactions for 1871, will show that no such changes were authorized by the Institute. On page 58 of that volume I read as follows: "Dr. Henry M. Smith, of New York, made a general report of the proceedings of the Bureau of Organization, Registration, and Statistics. The bureau proposed to amend the by-laws so as to avoid the use of the word 'he,' and to amend Article X, so that another bureau, the Bureau of Medical Literature, may be added. . . . Both amendments to the by-laws were unanimously adopted." Now on turning to page 66 of the same volume, I read: "T. C. Duncan, M.D., of the Bureau of Organization, Registration, and Statistics, made the final report of that bureau, in which several amendments to the constitution and by-laws were recommended to be made. (Section VI, Art. 12.) A part of the report was a proposition looking to the reorganization of the Institute upon the basis of a delegated body. This part of the report gave rise to considerable discussion and opposition, and it (the report) was finally laid on the table."

Thus, you see, the amendments of the constitution and by-laws proposed by Dr. Duncan, as the final report of the bureau of which he was a member, were laid on the table; and by turning now to page 69, you will there read, at the bottom of the page and as the very last act of the Institute prior to adjournment, that a "motion was made to take the report of the Bureau of Organization, Registration, and Statistics from the table, which was not agreed to." Thus, Mr. President, the Institute adjourned without enacting these proposed amendments; and yet, sir, we find them recorded as part of the by-laws for the government of this body. Now turn to Section XII of this volume of 1871, *Report of the Bureau of Organization, Registration, and Statistics,*

as rendered to the general secretary by that bureau. You will there find these very same proposed amendments to the by-laws, offered by this bureau, and, as we have shown, rejected by the Institute, which laid the report on the table and refused to take it up again; but here they have the word "*Adopted*" under them; this Article X, which changes the whole form of the Institute, and which was not acted upon, has "Adopted" printed under it as though it had been acted upon by the Institute.

Now, Mr. President, it seems to me that we should most emphatically repudiate these by-laws as last published, and not allow them to go forth as our by-laws. If these mutilations have been made through the ignorance of the person or persons making them, he or they should hereafter be excused from serving the Institute in any capacity. If they have been made by design, the person or persons making them should soon cease membership with us. It is no more than just that a committee be appointed to investigate the matter and report at the next meeting of the Institute. That these by-laws should go forth without anything being said about these mutilations would certainly be wrong, and we should take all necessary measures to prevent any harm being done by them. To cover the ground, I offer the following preamble and resolutions:

WHEREAS, In the by-laws of the Institute, as published in the volume of Transactions for the year 1871, there are alterations of articles that have never been brought before the Institute, and others that have not received its sanction, therefore

Resolved, That the by-laws as published in said volume be and are hereby declared null and void.

Resolved, That the Secretary be ordered to publish in the volume of Transactions for the year 1872, the by-laws as printed in the volume for 1869, together with such amendments as have been adopted by the Institute.

Resolved, That a Committee of Investigation be appointed, to consist of five members, to report at the next meeting such facts as they may gather in relation to the above-mentioned mutilation.

Resolved, That the Secretary have copies of these resolutions printed, together with the correct reading of the mutilated articles, and that the Treasurer furnish one with each volume of Transactions for the year 1871 that he sends out.

On motion of Dr. T. P. Wilson, the report of the bureau was accepted.

The *preamble and resolutions* offered were then, on motion, unanimously adopted.

The Institute having decided that the committee called for should be appointed by the Chair, the Chair stated that he should take some time for consideration.

DR. S. R. BECKWITH: I wish to remark that we are carrying along, from year to year, many pages of resolutions that are virtually a dead letter, and at considerable expense to the Institute. In some instances these are contradictory. I move, Mr. President, that a committee be appointed to prepare and present to the Institute, at its next session, a new constitution and code of by-laws, which shall include the valuable portions of the standing resolutions that have been adopted from time to time.

DR. CARROLL DUNHAM: I second the motion.

DR. DAVID THAYER, of Boston, Mass.: Not long ago a committee was appointed to examine, and, if possible, harmonize the numerous and various standing resolutions which were annually printed with our Transactions. In looking over the Transactions of last year I find that this has not been done. I rise to inquire who that committee were, and whether they have ever made any report.

THE PRESIDENT: The committee referred to were appointed at Chicago. They have never reported, and their duties terminated with the year. The matter has received no consideration since.

DR. BUSHROD W. JAMES: I heartily approve of the sentiment of Dr. Beckwith's motion; but I move to amend it to substitute the Bureau of Organization, Registration, and Statistics for the proposed committee. If Dr. Beckwith will accept that amendment, I think we will get the work done better than by a special committee.

J. J. YOULIN, M.D., of Jersey City, N. J., *Vice-President:* The resolutions complained of have been presented from year to year as auxiliaries to the constitution and by-laws, to obviate the necessity of altering them. If now this committee is instructed to include in the by-laws all measures of utility in the standing resolutions that do not conflict with each other, we will in that way get rid of the standing resolutions altogether, and

we will begin anew. I second the amendment offered by Dr. James.

DR. BECKWITH: I accept the amendment of Dr. James.

THE PRESIDENT: The motion as amended is, that the Bureau of Organization, Registration, and Statistics shall prepare and present to the Institute, at its next session, a new constitution and code of by-laws, which shall include the valuable portions of the standing resolutions that have been adopted from time to time by the Institute.

The motion, as amended, was adopted.

DR. J. P. DAKE, of Nashville, Tenn., submitted, on behalf of the Bureau of Materia Medica, Pharmacy, and Provings, a supplemental report of the bureau on the appeal of Dr. W. E. Payne and the accompanying resolution from the Maine Homœopathic Medical Society, which had been referred to them, regarding the formation of a complete work on Materia Medica. (Section II, Art. 35.)

On motion the report was accepted, and referred to the Committee of Publication.

DR. T. F. SMITH, of New York, offered the following resolution:

Resolved, That hereafter no application for membership in the American Institute of Homœopathy shall be received by the Board of Censors, unless accompanied by the initiation fee and the annual dues for one year.

A MEMBER: I second the resolution.

F. R. MCMANUS, M.D., of Baltimore, Md., *Chairman of the Board of Censors:* It seems to me that the passage of this resolution would be a work of supererogation. The by-laws contain a provision which obliges applicants for membership to pay an initiation fee of two dollars upon their election, to complete the requirements of membership. The Board of Censors report the names of such applicants as they find eligible, and after they have been passed upon and elected by the Institute, their names are handed over to the Treasurer. The Treasurer will not issue a certificate of election to any one who does not pay the initiation fee of two dollars, and the annual fee for the year.

DR. SMITH: Every year there are a number of applicants for membership, and many of them, after they are elected, fail to

pay their dues. These, of course, never become members of the Institute really. But if these dues were handed in with the application for membership this could not occur; for persons would not then make application, or have application made for them, unless they really intended to fulfil all the requirements of membership. It is the usual custom in societies, on making application for membership, to advance the dues, which are returned if the applicant is rejected. I think it would be better for the Institute than the present plan.

DR. KELLOGG, *Treasurer:* I would simply say, that so far as I am concerned I am perfectly satisfied with the present arrangement. The greatest trouble I have had has been in those cases where money has been sent on by applicants for membership, and the money had to be refunded in consequence of their rejection. The money seems to stick somewhere; and I have had more trouble with two or three cases of this kind than with all other duties of the office I hold. I hope the motion will not prevail.

A vote being taken, the motion was not adopted.

F. L. VINCENT, M.D., of Troy, N. Y., offered the following resolution:

Resolved, That copies of the resolution offered by Dr. Dake, and adopted, relative to the signal service, be sent to the President of the Senate and Speaker of the House of Representatives of the United States.

DR. VINCENT said: There has been no appropriation for the signal service this year; and as the benefits derived from its operations are so great, it is proper for us to thus exhibit our interest in the matter.

The resolution was adopted.

DR. R. LUDLAM moved that a sub-bureau of the Bureau of Obstetrics, &c., be formed, to be called the Sub-Bureau of Gynæcological Surgery, and to consist of five members; the reports and papers of the sub-bureau to be presented with those of the Bureau of Obstetrics. There are eminent and able men who are willing to work in this department, and I hope we will be able to avail ourselves of their labors.

The motion was agreed to.

THE PRESIDENT: The Chair would suggest that the time has arrived when we should select a place for our next meeting, that

when we adjourn it may be to meet there. The Secretary has invitations from different localities which he will now read.

THE SECRETARY read invitations from the physicians of Cleveland, Ohio; St. Paul, Minnesota; and San Francisco, California.

It was moved and carried that the invitations read be received, with the thanks of the Institute.

DR. GUY: I like the invitation from St. Paul, and I should like to go there, as it is a very interesting region. I move that the next session of the Institute be held in St. Paul, Minnesota.

DR. N. R. MORSE moved to substitute Cleveland, Ohio, for St. Paul.

DR. HILLER, of San Francisco, Cal.: Mr. President, I beg the indulgence of the Institute for one moment, to explain where I stand, and the position of those who have sent me here. I am pleased to be able to state that I came here representing the good will of twenty practitioners of our school. My motive for coming is not idle curiosity, but to profit by the deliberations of this honorable body, and to state what advancement homœopathy has made in the far West. When, in 1853, I arrived in San Francisco, I there found three practitioners of homœopathy established; but as time passed on, one after another of the disciples of Hahnemann appeared; progress, though slow, was palpable, and there are now twenty practitioners there whose representative I now am. In addition to these twenty, there are six other practitioners, whom I do not represent, and who have always stood in the way of progress. I wish to say in regard to the invitation from San Francisco, that it is hearty and sincere, and if you choose our city for our next place of meeting, I can insure to you a most cordial and fraternal welcome from my friends and myself.

The question being taken on the substitution of Cleveland for St. Paul, it was agreed to, and the Institute voted

To meet in Cleveland, O., on the 3d of June, 1873.

DR. N. SCHNEIDER, of Cleveland, O., was appointed by the Institute a *Committee on Railroads*, to secure a reduction of fare in favor of members attending the meeting.

The *Board of Censors*, through DR. MCMANUS, Chairman, presented their final report. Those recommended by the Board as eligible to membership were elected.

The following is a complete list of new members elected during the session, in accordance with the recommendation of the Board of Censors; with the time and place of graduation of each:

COMPLETE REPORT OF THE BOARD OF CENSORS.

NEW MEMBERS ADMITTED.

ABERCROMBIE, WM. H., M.D., Jersey City, N. J.,	N. Y. Hom. Med. Coll., 1872.
ALLEN, HENRY C., M.D., Brantford, Ontario,	Cleveland Hom. Med. Coll., 1860.
AUSTIN, JAS. H., M.D., Bristol, Conn.,	Berkshire Med. Coll., 1847.
BAKER, MARY G., M.D., Worcester, Mass.,	New England Female Med. Coll., 1862.
BERGHAUS, ALEX., M.D., 49 W. 24th St., New York,	Univ. of N. Y., 1870.
BENDER, PROSPER, M.D., Quebec, D. of C.,	McGill Univ. Coll., Montreal, 1865, &c.
BENHAM, F. A., M.D., Bronson, Mich.,	Hah. Med. Coll. of Chicago, 1866.
BOSSERT, CHARLES, M.D., New York,	N. Y. Hom. Med. Coll., 1872.
BRICKLEY, OBADIAH C., M.D., York, Penn'a,	Hom. Med. Coll. of Penn'a, 1855.
BRONSON, MILES H., M.D., Lowville, N. Y.,	Hom. Med. Coll. of Penn'a, 1861.
BROOKS, CHAS. G., M.D., East Boston, Mass.,	Harvard Med. Coll., 1871.
BROWN, WILLIAM, M.D., Philad'a, Penn'a,	Hom. Med. Coll. of Penn'a, 1852.
BROWN, SAMUEL, M.D., Philad'a, Penn'a,	Hom. Med. Coll. of Penn'a, 1858.
CLARK, J. J., M.D., Washington, D. C.,	N. Y. Hom. Med. Coll., 1869.
CRATER, HENRY, M.D., Somerville, N. J.,	Hah. Med. Coll. of Philad'a, 1872.
CROWEL, LEWIS C., M.D., Syracuse, N. Y.,	Cleveland Hom. Med. Coll., 1872.
COOK, SUSAN S., M.D., Buffalo, N. Y.,	Cleveland Hom. Med. Coll., 1861.
DAKE, WILLIAM C., M.D., Nashville, Tenn.,	University of Nashville, 1872.
DE BANN, ALICE, M.D., Providence, R. I.,	Eclectic Med. Coll. of N. Y., 1872.
DOUGHTY, FRANCIS E., M.D., New York,	Coll. of Phys. and Surgs., N. Y., 1859.
EDSON, SUSAN A., M.D., Washington, D. C.,	Cleveland Hom. Med. Coll., 1854.
ESTEN, JOHN, M.D., San Francisco, Cal.,	Cincinnati Eclectic Med. Coll., 1854.
EVERETT, MARY H., M.D., New York,	N. Y. Coll. for Women, 1870.
FARRINGTON, E. A., M.D., Philad'a, Penn'a,	Hah. Med. Coll. of Philad'a, 1868.
FRYE, MOSES M., M.D., New York,	Hah. Med. Coll. of Philad'a, 1870.
GILCHRIST, J. G., M.D., Tidioute, Penn'a,	Hom. Med. Coll. of Penn'a, 1868.
GOUCHER, E. T., M.D., Alliance, Ohio,	Cleveland Hom. Med. Coll., 1872.
GRISWOLD, W. N., M.D., San Francisco, Cal.,	Castleton Med. Coll., Vt., 1859.
GROSS, MARIA M., M.D., Chicago, Ill.,	Cleveland Hom. Med. Coll., 1859.
HAINES, JAMES W., M.D., Waynesville, Ohio,	Hah. Med. Coll. of Chicago, 1871.
HUTCHINS, H. S., M.D., Batavia, N. Y.,	N. Y. Hom. Med. Coll., 1860.
KENNEDY, J. C., M.D., Pittsburg, Penn'a,	Hah. Med. Coll. of Philad'a, 1871.
LAWTON, CHAS. H., M.D., Wilmington, Del.,	Hah. Med. Coll. of Philad'a, 1871.
LEGGETT, L. L., M.D., Sandusky City, Ohio,	Jefferson Med. Coll., Philad'a, 1870. Cleveland Hom. Med. Coll., 1871.
LODGE, EDWIN, JR., M.D., Detroit, Mich.,	N. Y. Hom. Med. Coll., 1872.
LOGEE, H. FRANK, M.D., Keokuk, Iowa,	Cleveland Hom. Med. Coll., 1860.
LUKENS, ISAIAH, M.D., Wilmington, Del.,	Univ. of Penn'a., 1847.
MANSON, CHAS. A., M.D., Springfield, Mass.,	Burlington Med. Coll.
MASSEY, J. B., M.D., Sandusky City, Ohio,	Univ. of N. Y., 1848.
MORSE, LUCIUS D., M.D., Memphis, Tenn.,	Hah. Med. Coll. of Philad'a, 1872.
MORGAN, LAURA, M.D., Bridgeport, Conn.,	Woman's Med. Coll. of N. Y., 1870.
MCNEIL, C. HOLMES, M.D., Jersey City, N. J.,	N. Y. Hom. Med. Coll., 1872.
NEWELL, WM H, M.D., Jersey City, N. J.,	Univ. of Penn'a, 1869.
NICHOL, THOMAS, M.D., Montreal, D. of C.,	Hom. Med. Coll. of Penn'a, 1857.
NORTON, GEO. S., M.D., New York,	N. Y. Hom. Med. Coll., 1872.
OCKFORD, GEO. M., M.D, Hackensack, N. J.,	Cleveland Hom. Med. Coll., 1872.
OWEN, IRA C., M.D., Sherburne, N. Y.,	Board of Regents of N. Y., 1869.
OWENS, JAS. B., M.D., Lebanon, Ohio,	Hom. Med. Coll. of Penn'a, 1866.

PEER, GEO. W., M.D., Rochester, N. Y.,	Univ. of N. Y., 1848.
PETTINGILL, ELIZA F., M.D., Philad'a, Penn'a,	Woman's Med. Coll. of Phila., 1866. Penn Med. Univ., 1867.
QUICK, THEODORE, M.D., New York,	Hom. Med. Coll. of Penn'a, 1855.
RICHARDSON, B. M., M.D., Brooklyn, N. Y.,	N. Y. Hom. Med. Coll., 1865.
ROSEBERRY, CHAS. J., M.D., Easton, Penn'a,	N. Y. Hom. Med. Coll., 1862.
ROBINSON, HENRY D., M.D., New Brunswick, N. J.,	N. Y. College. (?)
ROBINSON, J. BLAKE, M.D., New York,	N. Y. Hom. Med. Coll., 1869.
ROWSEY, WM. THOS., M.D., Toledo, Ohio,	Cleveland Hom. Med. Coll., 1862.
SAFFORD, MARY J., M.D., Chicago, Ill.,	N. Y. Hom. Med. Coll., 1869.
SCOTT, CHESTER W., M.D., Lawrence, Mass.,	Hom. Med. Coll. of Penn'a, 1854.
SCOTT, EMMA, M.D., Brooklyn, N. Y.,	N. Y. Coll. for Women, 1872.
SMITH, JOSEPHINE S., M.D., New York,	N. Y. Med. Coll. for Women, 1871.
SPOONER, GEO. R., M.D., Ware, Mass.,	Hah. Med. Coll. of Philad'a, 1870.
TALMAGE, JOHN F., M.D., Brooklyn, N. Y.,	Univ. of N. Y., 1859.
TIBBLES, GEO. N., M.D., Jersey City, N. J.,	N. Y. Hom. Med. Coll., 1867.
TERRY, J. ANTONIO, M.D., New York,	Hah. Med. Coll. of Philad'a, 1869.
WALTER, ZIBA D., M.D., Marietta, Ohio,	Hom. Med. Coll. of Penn'a, 1866.
WARD, JAS. H., M.D., Brooklyn, N. Y.,	Univ. of N. Y., 1850.
WARREN, JOHN K., M.D., Palmer, Mass.,	N. Y. Hom. Med. Coll., 1870.
WILLIAMSON, MATTHEW S., M.D., Philad'a, Penn'a,	Hah. Med. Coll. of Philad'a, 1872.
WINSLOW, CAROLINE B., M.D., Washington, D. C.,	Cleveland Hom. Med. Coll., 1856.
WORCESTER, SAMUEL, M.D., Burlington, Vt.,	Harvard Med. Coll., 1868.

THE PRESIDENT then called for the

REPORT OF THE NECROLOGIST.

DR. CHARLES A. BACON, of New York, said that Dr. Barlow had been unable to do any work for four months, on account of sickness, and for that reason he had no report to offer. He greatly regrets his inability to render a report.

THE PRESIDENT inquired whether Dr. Barlow desired to be continued as Necrologist.

DR. BACON replied that he was of the opinion that Dr. Barlow would not accept a renewal of the appointment. He scarcely expected to be able to meet with the Institute again.

DR. R. LUDLAM announced that he had had printed a Title-page and Index to Volume I of Section I, "Proceedings and Miscellaneous Papers," which had been completed in the volume issued in 1870. He would be happy to furnish the members present with copies on application, and other members would be supplied through the Treasurer.

DR. J. P. DAKE, in behalf of the committee appointed to take into consideration the President's Address, made a brief verbal statement, and offered the following resolution:

Resolved, That we heartily approve the noble resistance offered by our members in Massachusetts to the Star Chamber attempts of the Massachu-

setts Medical Society to expel them from its membership, and that we hereby extend to them our warmest sympathy in their efforts in behalf of the freedom of medical opinion and practice.

DR. J. H. MCCLELLAND moved the acceptance of the report and discharge of the committee, which were agreed to.

On motion of DR. R. B. RUSH, the resolution was unanimously adopted.

DR. J. P. DAKE moved that the Treasurer be directed to pay the rent of the hall of meeting.

DR. T. S. VERDI decidedly objected to this, and stated that the Committee of Arrangements expected and desired to pay for the hall.

Notwithstanding Dr. Verdi's objection, the motion of Dr. Dake was agreed to.

ELECTION OF OFFICERS.

The Institute then proceeded to elect officers for the ensuing year commencing January 1st, 1873. The following officers were unanimously elected:

President.

ALVIN E. SMALL, M.D., ... Chicago.

Vice-President.

JOHN C. BURGHER, M.D., ... Pittsburg, Pa.

General Secretary.

ROBERT J. MCCLATCHEY, M.D., ... Philadelphia.

Provisional Secretary.

BUSHROD W. JAMES, M.D., ... Philadelphia.

Treasurer.

E. M. KELLOGG, M.D., ... New York.

Censors.

F. R. MCMANUS, M.D., ... Baltimore.
W. M. WILLIAMSON, M.D., ... Philadelphia.
R. B. RUSH, M.D., ... Salem, O.
N. SCHNEIDER, M.D., ... Cleveland, O.
S. S. GUY, M.D., ... Brooklyn, N. Y.

THE SECRETARY offered resolutions expressive of thanks to the newspapers of Washington, for reports of proceedings; to the

homœopathic physicians of Washington, for provisions made for the accommodation and entertainment of the Institute; to Dr. and Mrs. T. S. Verdi, for the reception given the Institute; to Governor and Mrs. H. D. Cooke, for their elegant hospitalities; and to the President of the United States, for the reception at the Presidential Mansion; all of which resolutions were unanimously adopted.

DR. E. C. BECKWITH moved a vote of thanks to the Librarian of the Congressional Library, for courtesies to members; which was adopted.

THE SECRETARY was directed to forward copies of these resolutions, as adopted, to the persons for whom they were intended.

DR. B. W. JAMES offered the following as a *standing resolution*, which he presented at the instance of the General Secretary:

Resolved, That hereafter no report or paper will be received by the Institute from a bureau or committee of the Institute, or from any individual member thereof, in an incomplete or unfinished condition; and that a report or paper having been received by the Institute and referred to the Committee of Publication, shall pass at once into the hands of the General Secretary, and not be returned to the writer under any representations that may be made.

Adopted.

DR. J. P. DAKE offered the following resolution:

Resolved, That the chairman of the different bureaus shall notify the General Secretary, within two months after the adjournment of the Institute, of the special subject selected by each bureau for consideration at the next annual meeting.

After some discussion the resolution was withdrawn.

THE PRESIDENT then announced the following

BUREAUS AND COMMITTEES FOR THE ENSUING YEAR.

Bureau of Materia Medica, Pharmacy, and Provings.

CARROLL DUNHAM, M.D....NEW YORK.
CONRAD WESSELHOEFT, M.D...BOSTON.
WM. E. PAYNE, M.D.....BATH, ME.
J. P. DAKE, M.D.....NASHVILLE, TENN.
C. C. CROPPER, M.D.....OXFORD, O.
EDWIN M. HALE, M.D.....CHICAGO.
C. HERING, M.D.....PHILADELPHIA.
W. McGEORGE, M.D.....WOODBURY, N. J.
O. P. BAER, M.D.....RICHMOND, IND.

Bureau of Clinical Medicine.

H. B. CLARKE, M.D..New Bedford, Mass.
E. C. BECKWITH, M.D.....Zanesville, O.
W. H. HOLCOMBE, M.D....New Orleans.
HENRY D. PAINE, M.D.....New York.
N. A. MOSMAN, M.D.....Norwalk, Conn.
L. E. OBER, M.D.....La Crosse, Wis.
R. F. BAKER, M.D.....Davenport, Iowa.
J. C. BURGHER, M.D.....Pittsburg, Pa.
GEORGE A. HALL, M.D...Riverside, Ill.

Bureau of Obstetrics and Diseases of Women and Children.

R. LUDLAM, M.D.....Chicago.
J. H. WOODBURY, M.D.....Boston.
T. G. COMSTOCK, M.D.....St. Louis.
O. B. GAUSE, M.D.....Philadelphia.
J. J. YOULIN, M.D.....Jersey City, N. J.
J. C. SANDERS, M.D.....Cleveland.

Sub-Bureau of Gynæcological Surgery.

S. R. BECKWITH, M.D.....Cincinnati.
C. ORMES, M.D.....Jamestown, N. Y.
G. W. RICHARDS, M.D.....Orange, N. J.
S. S. LUNGREN, M.D.....Toledo, O.
WILLIS DANFORTH, M.D.....Chicago.

Bureau of Surgery.

BUSHROD W. JAMES, M.D.....Philada.
N. SCHNEIDER, M.D.....Cleveland.
W. TOD HELMUTH, M.D.....New York.
E. C. FRANKLIN, M.D.....St. Louis.
JOHN J. DETWILER, M.D....Easton, Pa.
M. W. WALLENS, M.D..Somerville, N. J.
JAMES B. BELL, M.D.....Augusta, Me.
H. F. BIGGAR, M.D.....Cleveland.
J. H. McCLELLAND, M.D..Pittsburg, Pa.

Bureau of Anatomy, Physiology, and Hygiene.

A. R. THOMAS, M.D.....Philadelphia.
J. D. BUCK, M.D.....Cincinnati.
S. S. GUY, M.D.....Brooklyn, N. Y.
RICHARD KOCH, M.D.....Philadelphia.
R. N. FOSTER, M.D.....Chicago.

Bureau of Organization, Registration, and Statistics.

W. M. WILLIAMSON, M.D.....Philada.
HENRY M. SMITH, M.D.....New York.
E. U. JONES, M.D.....Taunton, Mass.
PEMBERTON DUDLEY, M.D....Philada.
MOSES F. PAGE, M.D.....Appleton, Wis.
CIRO S. VERDI, M.D.....Mt. Vernon, O.
F. HILLER, M.D.....San Francisco, Cal.

Bureau of Psychological Medicine.

J. H. P. FROST, M.D.....Danville, Pa.
G. F. FOOTE, M.D.....Middletown, N. Y.
C. PIERSON, M.D....Mt. Pleasant, Iowa.
C. G. RAUE, M.D.....Philadelphia.
G. W. SWAZEY, M.D...Springfield, Mass.

Bureau of Ophthalmology and Otology.

T. P. WILSON, M.D.....Cleveland.
H. C. ANGELL, M.D.....Boston.
C. T. LIEBOLD, M.D.....New York.
H. C. HOUGHTON, M.D.....New York.
MALCOLM MACFARLAN, M.D..Philada.
S. WORCESTER, M.D.....Burlington, Vt.

Bureau of Medical Literature.

GEORGE E. SHIPMAN, M.D.....Chicago.
SAMUEL LILIENTHAL, M.D..New York.
SAM'L A. JONES, M.D...Englewood, N. J.

Committee on Foreign Correspondence.

E. B. DE GERSDORFF, M.D.....BOSTON.
J. H. PULTE, M.D.....CINCINNATI.
T. S. VERDI, M.D.....WASHINGTON, D. C.
W. P. WESSELHOEFT, M.D.....BOSTON.
CHARLES A. BACON, M.D.....NEW YORK.

Committee on Colleges.

DAVID THAYER, M.D.....BOSTON.
J. P. DAKE, M.D.....NASHVILLE, TENN.
A. E. SMALL, M.D.....CHICAGO.
JOHN C. MORGAN, M.D...PHILADELPHIA.

Committee on a Homœopathic Dispensatory.

CARROLL DUNHAM, M.D.....NEW YORK.
T. F. ALLEN, M.D.....NEW YORK.
F. E. BOERICKE, M.D.....PHILADELPHIA.
H. M. SMITH, M.D.....NEW YORK.
F. A. ROCKWITH, M.D.....NEWARK, N. J.
J. J. MITCHELL, M.D.....NEWBURG, N. Y.
C. HERING, M.D.....PHILADELPHIA.
R. J. McCLATCHEY, M.D...PHILADELPHIA.

Committee on Legislation.

T. S. VERDI, M.D.....WASHINGTON, D. C.
L. D. PACKARD, M.D.....BOSTON.
H. C. BRADFORD, M.D.....LEWISTON, ME.
E. D. JONES, M.D.....ALBANY, N. Y.
F. WOODRUFF, M.D....ANN ARBOR, MICH.

Committee of Arrangements.

T. P. WILSON, M.D.....CLEVELAND, O.
N. SCHNEIDER, M.D.....CLEVELAND, O.
JOHN C. SANDERS, M.D....CLEVELAND, O.
R. B. RUSH, M.D.....SALEM, O.
J. D. BUCK, M.D.....CINCINNATI, O.
S. S. LUNGREN, M.D.....TOLEDO, O.
J. B. MASSEY, M.D.....SANDUSKY CITY, O.
with power to add to the number.

Committee of Investigation of By-Laws.

CARROLL DUNHAM, M.D.....NEW YORK.
J. P. DAKE, M.D.....NASHVILLE, TENN.
H. B. CLARKE, M.D...NEW BEDFORD, MASS.
J. C. BURGHER, M.D.....PITTSBURG, PA.
L. E. OBER, M.D.....LA CROSSE, WIS.

THE PRESIDENT called attention to the standing resolution that all reports and papers to be published with the "*Proceedings*," must be in the hands of the General Secretary within thirty days after adjournment, otherwise they will be excluded.

DR. S. R. BECKWITH moved a vote of thanks to the officers of the Institute, which was adopted.

The Institute then adjourned, to meet in CLEVELAND, June 3d, 1873.

XII.

TREASURER'S REPORT.

DR. E. M. KELLOGG, TREASURER, IN ACCOUNT WITH THE AMERICAN INSTITUTE OF HOMŒOPATHY. CR.

1871–72.

1872.			1871–2.		
May 20.	To dues of 1871–2,	$2,928.00	By expressage,		$162.15
	To balance,	223.65	" postage, stationery,		58.87
		$3,151.65	" printing,		64.00
			" reporting,		165.00
			" engrossing diplomas,		20.05
			" collector's commission,		5.75
			" cash to Secretary,		200.00
			" printing Transactions,		1,575.55
			" editing "		170.00
					$2,516.37
			" deficit of 1871,		635.28
					$3,151.65

XIII.

REPORT

OF THE

COMMITTEE ON LEGISLATION.

Dr. John F. Gray, of New York, announced to the Institute the passage, on May 16th, 1872, of the annexed Act in reference to Medical Education in the State of New York, and its signature by the Governor of that State:

An Act relating to the Examination of Candidates for the Degree of Doctor of Medicine.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The regents of the University of the State of New York shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall have been licensed to practice physic and surgery in this State.

Section 2. Such examiners shall faithfully examine all candidates referred to them for that purpose by the chancellor of said university, and furnish him a detailed report in writing of all the questions and answers of each examination, together with a separate written opinion of each examiner as to the acquirements and merits of the candidates in each case.

Section 3. Such examinations shall be in anatomy, physiology, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery, and in therapeutics, according to each of the systems of practice represented by the several medical societies of this State.

Section 4. The said reports of examinations, and the annexed opinions of the examiners, shall forever be a part of the public records of the said university, and the orders of the chancellor addressed to the examiners,

together with the action of the regents, in each case, shall accompany the same.

SECTION 5. Any person over twenty-one years of age, of good moral character, and paying not less than thirty-five dollars into the treasury of the university, and on applying to the chancellor for the aforesaid examination, shall receive an order to that effect, addressed to one of the boards of examiners, provided he shall adduce proofs satisfactory to the chancellor, that he or she has a competent knowledge of all the branches of learning taught in the common schools of this State, and of the Latin language, and that he has diligently studied medicine not less than three years, under the direction of one or more physicians duly qualified to practice medicine, or has himself been licensed, on examination, by some medical society or college legally empowered to issue licenses or degrees in medicine.

SECTION 6. The regents of the university, on receiving the aforesaid reports of the examiners, and on finding that not less than five members of a board have voted in favor of a candidate, shall issue to him or her a diploma, conferring the degree of doctor of medicine of the University of the State of New York, which degree shall be a license to practice physic and surgery.

SECTION 7. The candidate, on receiving said diploma, shall pay to the university the further sum of not less than ten dollars.

SECTION 8. The moneys paid to the university, as aforesaid, shall be appropriated by the regents for the expenses of executing the provisions of this act.

SECTION 9. The regents may establish such rules and regulations, from time to time, as they may deem necessary to insure the faithful execution of the provisions of this act.

SECTION 10. This act shall take effect immediately.

T. S. VERDI, M.D.,
W. H. WATSON, M.D.,
G. H. BLAIR, M.D.,
T. P. WILSON, M.D.,
G. W. SWAZEY, M.D.,
Committee on Legislation.

XIV.

REPORT

OF THE

COMMITTEE ON A HOMŒOPATHIC DISPENSATORY.

THE Committee on a Homœopathic Dispensatory respectfully report that they have diligently prosecuted, during the past year, the labors intrusted to them. As their work has progressed, they have become more and more aware of its magnitude, and of the importance of making the Dispensatory complete, absolutely accurate, and yet so brief as to be convenient as a work of handy reference. They have so far completed the work that they have a good prospect of being able to place it, during the present year, in the hands of the Publishing Committee of the Society of Pharmaceutists.

For the Committee,

CARROLL DUNHAM, M.D.,
Chairman.

XV.

REPORT

OF THE

COMMITTEE ON FOREIGN CORRESPONDENCE.

THE Committee on Foreign Correspondence respectfully report, that in so far as correspondence with the homœopathic physicians of Central and South America and the West Indies is concerned, nothing of special note or deserving quotation is reported. General prosperity seems to be enjoyed by our colleagues.

The vicissitudes of civil war have driven several of our colleagues from Cuba to the neighboring island of Jamaica; among them Dr. José J. Navarro, a graduate of the New York Homœopathic Medical College, and a very estimable practitioner; to whom we are indebted for important observations upon the Comocladia dentata or Guao. Steam communication having been established between New York and Jamaica, it is probable that this island will become a place of resort for invalids seeking a refuge from the severe winters of New England and New York. Its fine climate, varied productions, and beautiful scenery make it a very desirable place of winter sojourn for invalids, to whom the residence on the island of our skilful and trustworthy colleague would be an additional attraction.*

* Another of our colleagues, long resident in Cuba, though claiming to be a citizen of the United States, Dr. Houard, after suffering the rigors of long and harsh imprisonment in Havana, has, at length, through the urgent intervention of our government, been restored to liberty.

Our correspondence as well as the public journals show that in Italy, France, Switzerland, England, and Germany, increased attention has, within two years, been given to the subject of the organization of provincial and national associations of homœopathic physicians.

The British Homœopathic Congress, first convened in 1850, and then allowed to sleep for many years, has held most interesting and profitable sessions, in 1870 and 1871, the reports presented at the last sessions having, at least, attracted general attention in our school, if they have not commanded universal assent. The session of the German *Central Verein*, in August, 1871, is noteworthy for the reorganization of the Verein, by the election of an Executive Committee, and especially by the appointment of sections or bureaus for the particular consideration of distinct branches of medical science, and by the resolution to extend the sessions over a period of two or three days. It might be assuming too much to ascribe these changes to the influence of the American Institute of Homœopathy. But we may certainly be permitted to note with gratification that the establishment of National Associations in Italy and Switzerland, and the revival and reorganization of the National Associations of France, England, and Germany, appear to have been conceived and were carried into effect soon after the publication and distribution of the circular of your Committee on Foreign Correspondence, explaining the details and urging the advantages of such an organization as we have enjoyed, and as they are now putting into operation.

The letters of our correspondent in London gave the Committee reason to expect that the homœopathic physicians of Great Britain would be represented at this session by Dr. Dunn, of Doncaster, England, who was to have sailed for this country on the 11th inst. The next session of the British Homœopathic Congress will take place at York, on the first Wednesday of September. The address will be delivered by Dr. Black, and papers on subjects of great interest are announced by Dr. Sharp and others. A most cordial invitation to be present is extended to the members of the Institute. The hospitals, dispensaries, and journals of Great Britain are reported as in a flourishing condition.

Our colleagues in England, however, have to lament the serious illness of Dr. Madden, whose name is so well known to us all; and the death of Professor Henderson, to whose character as a physician and gentleman, and to whose eminent services to the cause of homœopathy, our president paid so just and excellent a tribute in his address to the Institute.

And from Germany, on the eve of our assemblage here, came the sad tidings of the sudden death of a colleague, widely known and universally esteemed, the valued personal friend of many of us, Dr. Veit Meyer, of Leipsig, the successor of Rummel in the editorial chair of the Allgemeine Hom. Zeitung, the oldest homœopathic journal in the world. Dr. Meyer had successfully for eighteen years conducted this representative periodical, commanding universal respect for his talent and learning, and winning general regard by his justice and courtesy. At the time of his death he was President of the Central Verein, in the reorganization of which, on the general model of the American Institute, he had taken an active part.

In behalf of the Committee,

CARROLL DUNHAM, M.D.

XVI.

REPORT

OF THE

COMMITTEE ON A WORLD'S CONVENTION OF HOMŒOPATHIC PHYSICIANS.

THE Committee to which was referred the proposition, submitted to the Institute at the session of 1871, for holding a Convention of the Homœopathic Physicians of all Nations, on the occasion of the Centennial Celebration in Philadelphia, in 1876, respectfully present the following

REPORT.

The experience of the American Institute of Homœopathy, of the German Central Union, and of the British Congress of Homœopathic Practitioners, has abundantly shown that great benefits result from national associations of physicians of our school. These benefits are of a twofold character, and affect both our relations to science and to each other, and our relations to the public.

The physicians of a large and populous country, meeting in conference to exchange opinions and compare observations, gain in breadth of view, variety of knowledge, and tolerance in judgment. They make the personal acquaintance of colleagues whom they had not otherwise known. They confer respecting enterprises, which, to be successful, must be the joint work of a number of men, laboring in concert. They encourage and stimulate each other to fresh energy in the service of science.

As towards the public, these associations show, in their annual sessions, the numbers which represent our school, and the vigor which animates us. They exhibit the direction of our labors, and their bearing upon the public welfare.

These considerations, derived from the experience of national associations, apply with equal force to the proposition of a World's Convention. Members of our school are working in Germany, England, France, and the United States, upon subjects which are of equal interest to us all; but working without co-operation, and with only occasional interchange of views.

In each of these countries, the great question of the Materia Medica—how to perfect it, and how to make it most readily available to the student and to the busy practitioner, is a subject of constant study and of national conference, and we are all laboring diligently to define the relations of our therapeutic science with the cognate medical sciences; as well as to determine, by the aid of experience, certain questions on which we are not yet agreed.

And in each country, according to its customs and government, our colleagues are striving to settle, on an equitable basis, the relations of our school with the state, and with the older, hostile, and, hitherto, dominant school of medicine.

Now, if representatives from each of these countries—and from all others in which homœopathy is practiced—could meet in earnest conference, it is not too much to hope that from their interchange of views might result such united action as would give us a COMPLETE MATERIA MEDICA, and an Organon adapted to the actual state of natural medical science; while the influence of such an assemblage could not fail to help us, in each country, towards the attainment of such a position as is ours by right.

The Committee, accordingly, recommend the holding of such a convention.

There is a peculiar appropriateness in the time, place, and occasion proposed for the World's Convention.

The celebration in 1876, in Philadelphia, will commemorate the Declaration of American Independence, out of which sprang the ideas and forms of government under which these States and

the American people, and we ourselves, have reached our present strength and prosperity.

Whereas, in other countries, homœopathy was at first proscribed by the state, through its medical authorities, and our colleagues, notwithstanding the good-will of the people, had to fight their way to tolerance against all the opposition which prestige, vested rights, the influence of rank, the monopoly of educational institutions, and the petty tyranny of officials of every grade, could present; *here*, it needed only that the *people* should appreciate our benignant science, and we were invited, without a question, to the untrammelled exercise of our vocation. For, in this happy land, the *will of the people* is the *unquestioned* law. And thus it has come to pass that, in this country, the latest of the great nations to receive the blessing of homœopathy, its practitioners far outnumber those of Europe and Asia combined.

The celebration of the Centennial Anniversary of American Independence would be, therefore, a very fitting occasion for an assemblage of homœopathic physicians from all countries. While taking counsel together for the advancement of their science, they might well participate in the rejoicings of our citizens, whose forefathers, conscious of the "great responsibility" which it involved, declared the freedom of all the people to pursue their avocations with equal rights and under equal accountabilities.

The Committee recommend the proposition to the favorable consideration of the Institute, and respectfully submit the following resolutions:

Resolved, That under the auspices and by the authority of the American Institute of Homœopathy, a convention of the homœopathic physicians of all countries, to be called "The World's Homœopathic Convention," be held in Philadelphia, in 1876, on the occasion of the celebration of the Centennial Anniversary of American Independence; and that the Institute hereby invites the co-operation of all homœopathic societies, institutions, and physicians of the United States.

Resolved, That, at the present session of the Institute, there be appointed, by the President, a Committee of Arrangements, to consist of one member from each State represented in the membership of the Institute; and that the committee thus appointed may appoint one additional member from the

physicians of each State represented; and that the President appoint seven additional members from the city of Philadelphia, who shall constitute an Executive Committee to attend to local details, under the direction and subject to the approval of the Committee of Arrangements. The Committee of Arrangements shall have full power to adopt and execute all measures which they may deem necessary for organizing the Convention, determining the nature and order of its proceedings, and securing from it the best results for the cause of homœopathy. It shall present a full report of its proceedings at each annual session of the Institute.

Resolved, That the President be requested to appoint the Committee of Arrangements as early during the present session as possible.

Presented by order of the Committee.

CARROLL DUNHAM,
Vice-Chairman.

XVII.

REPORT

OF THE

COMMITTEE ON HOMŒOPATHIC COLLEGES.

By F. Woodruff, M.D., Ann Arbor, Mich.

As a delegate from the representative men of Michigan, composing the State Society of that State, and also a member of the committee appointed by the Society to report on "Homœopathic Medical Colleges," I deem it not out of place to briefly sketch a history of the struggle which has existed between the homœopaths of the State, on the one hand, and the "American Medical Association" on the other, through the present powers in possession of the State University. This subject seems now especially appropriate from the fact that this Institute has heretofore utterly ignored or utterly disregarded this important conflict. The University originally was endowed by Congress, by the setting apart of a large tract of public land to be sold, and the fund accruing therefrom to be a fund for the upholding of a State University in which all science should be taught. About the year 1850–51, the *Medical* Department of said University began its course of teaching. The few true men who composed the homœopathic profession in the State were not idle, and their untiring labor was rewarded in 1855, less than five years from the inauguration of this department, by the passage in the legislature of the law of that year which made it incumbent upon the board of regents, to appoint at least one professor to faithfully teach the doctrine of

homœopathy. This very just law, being the plain expression of the people through their representatives, was totally disregarded by the board of regents, even in defiance of many petitions to that body, year after year. The friends of homœopathy seeing no prospect, then turned to the courts, and after an unsuccessful effort were compelled to desist in that direction, for the reason that the State attorney, the proper person to appear in the case, positively refused to prosecute the case; our enemies each year vainly struggling to obtain the repeal of the law.

This action, although resulting in failure, gave evidence of our perseverance, and enabled us to come before the legislature with a clear case once more. At this time the funds of the University were low, and there existed an absolute necessity for a State appropriation to carry on its affairs successfully. Nor was the legislature adverse to affording such relief. It was difficult, however, for the majority of both houses to see why the law of '55 had not been complied with, and, as a solution of that question, granted an appropriation of a certain percentage, as a mill tax, for the sole use of the University, "provided there should be appointed and on duty, a professor of homœopathy in the department of medicine, at the same salary as other professors in this department."

The irrepressible conflict at this point began to thicken. The "American Medical Association" sounded forth its denunciation, and the supple tools at the command of their masters began to growl. The alarm was sounded all over the land, and every resource of Old Physic was put into requisition to avoid the catastrophe. A medical periodical discoursed thus:

"The University has fallen into the hands of homœopaths; or, at least, bids fair to come under their control. The State legislature passed an act granting a subsidy to the University, amounting to a fraction of a mill on the taxable property of the State, on condition that a chair of homœopathy should be attached to the medical department. The board of regents recently accepted the condition, and a homœopathic professor was appointed.

"Professors Ford, Armon, and Green immediately tendered their resignation, and it is believed the remainder of the faculty will follow their example, as there seems to be no alternative consistent with their self-respect. . . . For a year or two the regents hesitated to accept its provisions, knowing that the chief professors would immediately resign."—*N. Y. Medical Gazette.*

Said Mr. Douglas, in a protest against the appointment:

"Third. It would destroy the good name and standing of the medical college in the country. An affiliation with homœopathy would be a violation of the code of medical ethics of the American Medical Association, a highly respectable body, representing the sentiment of the profession in this country. This written code of medical ethics is law unto the profession over the entire Union, and this violation would inevitably lead to the expulsion of the faculty and the graduates of the institution from every medical association or society in the country. We, the faculty and graduates, would be outcasts from the profession, and our diplomas would not be worth the parchment upon which they are printed, as passports to admission to the medical profession. Our certificates of attendance would be worthless to the student desirous of attending lectures in another college.

"Finally, we feel called upon in duty to ourselves, to the medical profession, and to the department in which we have so long labored with great pride and satisfaction, to express to your honorable board our unqualified conviction that the creation of a chair of homœopathy in the medical department of the University, and compelling the medical faculty to associate with the professor on terms of equality, or on any terms, will deprive the department of the support and sympathy of the profession; will cause its professors to be rejected and expelled in disgrace from every medical association or society in the country; will leave it unrecognized among the medical colleges of the world, and most certainly terminate in the complete destruction of the medical college as a regular school of medicine."

As stated in the above-mentioned protest there had been a delay of two years, during which time the law relative to tax had been operative, and there had accumulated a sum of about $30,000 in the State treasury. The regents were pressed for the fund, and sought to obtain it by a sleight of hand performance, viz., Dr. C. J. Hempel was appointed professor of homœopathy to lecture *anywhere else* than at Ann Arbor. This was the appointment which produced such commotion among the "regulars." Upon this stroke of strategy, the treasurer of the University marched boldly up to the capitol and demanded the fund of the State treasurer, on the pretext that the law had been complied with. The trick was too transparent; the State treasurer refused to accede to the demand, for the reason that the regents proposed to establish a school in a place other than Ann Arbor, the seat of the University. Upon this refusal the regents brought suit, making application for a mandamus against the auditor general, to compel him to pay the sum demanded; to which said respondent made the following two points, to wit:

"1. The regents have no such controlling power outside of the act of the legislature as justifies them in establishing a school of homœopathy in a place separate and apart from the place where the 'department of medicine' in the University is established, to wit, at Ann Arbor.

"The entire legislation concerning the University shows that the legislature gives to the board of regents but limited control. The corporation is a public one, created for a public purpose, and supported by the public fund. The corporators have no private interest whatever. The legislature is the guardian. The regents were instruments.

"2. They are therefore governed by the limitations of the act. That act provides that there shall be three departments, one of which shall be the 'department of medicine,' consisting of its various professorships, but an entirety in itself. A division or separation of the parts of the department is inconsistent with the language of the act, and the object of its establishment. A medical education can only be obtained through the means of the facilities offered by the department. Section XI of the act provides that the government of the several departments be intrusted to the president and faculties of the University, clearly showing that it never was intended that the said 'departments' should be separated from the seat of the University, the residence of the president and faculties. The law of 1867, under which the regents seek to obtain this money, provides that a professor of homœopathy shall be appointed in the 'department of medicine, at the same salary as the other professors in this department.'"

The language surely can only mean that a new professor is to be added to the professorships already existing in the "department of medicine" in the University at Ann Arbor. As it is admitted that the professorship is to be established at a place other than where the department of medicine is already established, the auditor general had no authority to pay out money for such a purpose.

The position taken by the auditor general was sustained by the court, and, had a judicious course been pursued at this point, our triumph would have been certain; but, unfortunately, the separate college fever had broken out among the friends of Dr. Hempel, and discord began. At the next session of the legislature the strongest lobby force was brought to bear for weeks, to obtain the repeal of the provision relative to the presence of a homœopathic professor in the University. The proviso was repealed, and the money delivered over to the University. The attempt, however, to repeal the law of '55 failed. We had only that remaining for all our precious labor, except the gain of influence in popular estimation, which had so far changed that

we had no difficulty in getting the State attorney to go into the Supreme Court on the merits of the law of '55, to compel the regents to appoint a professor to the chair which the law established.

After able arguments on the constitutionality of the law, which was the defence set up by the regents, the court remained equally divided, a division remaining still. The termination of this suit brought us to another session of the legislature. By this time the separate-college clique had divided, and we were met in the lobby by advocates of this and that side show, one of which was fostered by Regent Walker, and introduced into the Senate. It had a twofold object concealed in it, viz.: 1st. To keep up discord, and defeat the very able bill which had been introduced into the lower house; and 2d, to repeal the law of '55. On the day set for the hearing of these bills, the homœopathic bill having passed the lower house by a large majority, Regent Walker and Profs. Douglass and Ford, lobbying against only two of us, we lost our bill by only one vote, three of our strongest men being necessarily away. The heat of the contest occupied the day, and an adjournment allowed time for furthet work, which was done with such effect that the separate-college bill was killed in the Senate, and the law of '55 left intact. When it is remembered how the lower house stood, the desperation of our opponents will be fully appreciated; desperation ending only in terrible defeat, had Providence permitted all our friends to have been present.

At a recent extra session of the legislature, although the regents required a still additional appropriation, the Governor dare not mention the subject; well knowing that the subject once brought before that body, Justice would speedily assert her rights, and the wrongs of one year ago be avenged. Meanwhile we look forward to another legislature as one of culminating interest, and feel that *we* shall succeed. Still we ask of this Institute, and all true homœopaths, a concentration of influence so necessary to succeed in any cause, and we feel that this University should be considered as national.

XVIII.

REPORT

OF THE

COMMITTEE ON CREDENTIALS.

THE Committee on Credentials report the following physicians registered as present:

MEMBERS PRESENT AT THE TWENTY-FIFTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY,

MAY, 1872.

MYRON H. ADAMS, Palmyra, N. Y.
NELSON ADAMS, Iowa City, Iowa.
J. WESLEY ALLEN, Altoona, Pa.
S. E. ALLEN, Trenton, N. J.
SMITH ARMOR, Columbia, Pa.
A. A. ARTHUR, Vergennes, Vt.
JAS. H. AUSTIN, Bristol, Conn.
CHAS. A. BACON, New York, N. Y.
O. P. BAER, Richmond, Ind.
E. F. BAKER, Davenport, Iowa.
AARON BALDWIN, Washington, D. C.
ALONZO S. BALL, New York, N. Y.
G. S. BARROWS, Rockford, Ill.
A. W. M. BARTLETT, Vineland, N. J.
B. F. BETTS, Philadelphia, Pa.
WM. BAXTER, Wappinger's Falls, N. Y.
SETH R. BECKWITH, Cincinnati, Ohio.
E. H. BECKWITH, Zanesville, Ohio.
WM. A. BEVIN, Keyport, N. J.
HERBERT C. BRADFORD, Lewiston, Me.
G. N. BRIGHAM, Montpelier, Vt.
CHAS. A. BROOKS, Clinton, Mass.
E. V. BROWN, Tarrytown, N. Y.
TITUS L. BROWN, Binghamton, N. Y.
SAMUEL BROWN, Philadelphia, Pa.
W. J. BRYAN, Corning, N. Y.
S. J. BUMSTEAD, Pekin, Ill.
T. C. BUNTING, Mauch Chunk, Pa.
J. C. BURGHER, Pittsburg, Pa.
J. A. BURPEE, Malden, Mass.
CHAS. H. CARPENTER, Troy, N. Y.
WM. H. COOK, Carlisle, Pa.
S. M. CATE, Salem, Mass.
HENRY B. CLARKE, New Bedford, Mass.
LYMAN CLARY, Syracuse, N. Y.
H. A. COLLINS, Springfield, Mass.
WM. B. CHAMBERLAIN, Worcester, Mass.
CHAS. C. CROPPER, Oxford, Ohio.
M. W. CAMPBELL, Troy, N. Y.
JAS. M. CADMUS, Hammondsport, N. Y.
H. B. CROSS, Jamaica Plain, Mass.
SAMUEL P. COLE, Chicago, Ill.
HARLAN P. COLE, Chicago, Ill.
WM. J. CALVERT, Jackson, Mich.
S. H. COBURN, Akron, Ohio.
E. G. COOK, Buffalo, N. Y.

C. B. Currier, Middlebury, Vt.
Carroll Dunham, New York, N. Y.
P. Dudley, Philadelphia, Pa.
F. F. De Derkey, ——, Mass.
J. J. Detwiler, Easton, Pa.
J. P. Dake, Nashville, Tenn.
Sarah A. Edson, Washington, D. C.
Hiram R. Fetterhoff, Newville, Pa.
Wm. E. Freeman, Wilmington, N. C.
M. Friese, Harrisburg, Pa.
L. W. Flagg, Yonkers, N. Y.
R. N. Foster, Chicago, Ill.
Wm. Gallupe, Bangor, Me.
Jethro J. Griffith, Manayunk, Pa.
Samuel S. Guy, Brooklyn, N. Y.
Samuel Gregg, Boston, Mass.
O. B. Gause, Philadelphia, Pa.
B. F. Grant, Bath, N. Y.
E. B. Graham, Three Rivers, Mich.
B. F. Green, Lynn, Mass.
John F. Gray, New York, N. Y.
S. I. Groot, Washington, D. C.
H. S. Hutchings, Batavia, N. Y.
F. Hiller, San Francisco, Cal.
L. B. Hawley, Syracuse, N. Y.
S. Hasbrouck, Dobb's Ferry, N. Y.
Geo. Hand, Binghamton, N. Y.
G. A. Hall, Riverside, Ill.
Wm. J. Hawks, Boston, Mass.
H. A. Houghton, Keeseville, N. Y.
J. G. Heaton, Alliance, Ohio.
Jas. W. Haines, Waynesville, Ohio.
Wm. H. Hanford, Brooklyn, N. Y.
F. W. Ingalls, Kingston, N. Y.
Bushrod W. James, Philadelphia, Pa.
John E. James, Philadelphia, Pa.
E. U. Jones, Taunton, Mass.
Jos. E. Jones, West Chester, Pa.
I. D. Johnson, Kennett Square, Pa.
R. B. Johnson, Ravenna, Ohio.
Mercy B. Jackson, Boston, Mass.
Geo. P Jefferds, Bangor, Me.
E. D. Jones, Albany, N. Y.
I. W. Johnson, Peoria, Ill.
Edwin M. Kellogg, New York, N. Y.
Lester Keep, Brooklyn, N. Y.
J. Lester Keep, Brooklyn, N. Y.
D. S. Kimball, Sackett's Harbor, N. Y.
Richard Koch, Philadelphia, Pa.
Isaiah Lukens, Newport, Del.
R. Ludlam, Chicago, Ill.
Richard Lewis, Philadelphia, Pa.
J. K. Lee, Philadelphia, Pa.
W. H. Lougee, Lawrence, Mass.
S. S. Lungren, Toledo, Ohio.
A. G. Leland, Whitewater, Wis.
Leverett L. Leggett, Sandusky, Ohio.
C. H. Lawton, Wilmington, Del.
D. McNeil, Jersey City, N. J.
Henry N. Martin, Philadelphia, Pa.
Robt. J. McClatchey, Philadelphia, Pa.
F. R. McManus, Baltimore, Md.
Reuben C. Moffat, Brooklyn, N. Y.
J. H. McClelland, Pittsburg, Pa.
N. R. Morse, Salem, Mass.
Robert P. Mercer, Chester, Pa.
John Malin, Germantown, Pa.
I. B Massey, Sandusky, Ohio.
C. S. Middleton, Philadelphia, Pa.
N. A. Mosman, Norwalk, Conn.
W. H. H. Neville, Philadelphia, Pa.
G. F. Needham, Washington, D. C.
Cornelius Ormes, Jamestown, N. Y.
Geo. M. Ockford, Hackensack, N. J.
Ira C. Owen, Sherburne, N. Y.
L. E. Ober, La Crosse, Wis.
J. B. Owens, Lebanon, Ohio.
Ed. H. Phillips, Cape May, N. J.
N. G. H. Pulsifer, Waterville, Me.
Henry D. Paine, New York, N. Y.
M. F. Page, Appleton, Wis.
Mahlon Preston, Norristown, Pa.
John S. Pfouts, Wilkesbarre, Pa.
L. D. Packard, South Boston, Mass.
C. W. Perkins, Downingtown, Pa.
Geo. W. Peer, Rochester, N. Y.
Geo. B. Palmer, East Hamilton, N. Y.
E. C. Price, Baltimore, Md.
Theo. Quick, New York, N. Y.
Geo. W. Richards, Orange, N. J.
L. M. Rousseau, Pittsburg, Pa.
Edward Reading, Hatboro, Pa.
John R. Reading, Philadelphia, Pa.
R. B. Rush, Salem, Ohio.
B. M. Richardson, Brooklyn, N. Y.
Geo. N. Seidlitz, Keokuk, Iowa.
H. E. Stone, Fair Haven, Conn.
Robert C. Smedley, West Chester, Pa.
Alvin E. Small, Chicago, Ill.
Henry M. Smith, New York, N. Y.
Thos. Franklin Smith, New York, N. Y
Amos B. Smith, Geneva, N. Y.

E. P. Scales, Newton, Mass.
Geo. W. Swazey, Springfield, Mass.
H. P. Shattuck, Boston, Mass.
H. E. Spalding, Hingham, Mass.
C. W. Sonnenschmidt, Washington, D. C.
Jas. L. Scott, Coatesville, Pa.
D. Springstead, Albany, N. Y.
N. Schneider, Cleveland, Ohio.
Thos. Shearer, Baltimore, Md.
G. E. E. Sparhawk, Gaysville, Vt.
J. H. Sherman, Lynn, Mass.
C. L. Spencer, New Bedford, Mass.
Chas. Sumner, Rochester, N. Y.
Chester W. Scott, Lawrence, Mass.
Emory R. Tuller, Vineland, N. J.
I. T. Talbot, Boston, Mass.
David Thayer, Boston, Mass.
Virgil Thompson, New York, N. Y.
A. R. Thomas, Philadelphia, Pa.
T. S. Verdi, Washington, D. C.
C. S. Verdi, Mt. Vernon, Ohio.
Frank L. Vincent, Troy, N. Y.
H. B. Van Norman, Cleveland, Ohio.
F. Woodruff, Ann Arbor, Mich.
Geo. H. Wilson, West Meriden, Conn.
T. P. Wilson, Cleveland, Ohio.
Wm. Wright, Brooklyn, N. Y.
R. M. Wilkinson, Trenton, N. J.
E. Cook Webb, Orange, N. J.
P. U. Worley, Davenport, Iowa.
Walter M. Williamson, Philad'a, Pa.
J. H. Woodbury, Boston, Mass.
Edwin West, New York, N. Y.
D. B. Whittier, Fitchburg, Mass.
J. Ralsey White, New York, N. Y.
A. M. Woodward, New York, N. Y.
M. W. Wallace, Alleghany City, Pa.
L. B. Wells, Utica, N. Y.
Jos. B. Ward, Brooklyn, N. Y.
M. M. Walker, Germantown, Pa.
J. K. Warren, Palmer, Mass.
Caroline B. Winslow, Wash'n, D. C.
J. J. Youlin, Jersey City, N. J.

These represent the States as follows:

California,	1	Michigan,	3
Connecticut,	4	New York,	49
Delaware,	2	New Jersey,	11
District of Columbia,	7	North Carolina,	1
Illinois,	9	Ohio,	17
Indiana,	1	Pennsylvania,	39
Iowa,	4	Tennessee,	1
Maine,	4	Vermont,	4
Maryland,	3	Wisconsin,	3
Massachusetts,	28		
		Total,	191

ORGANIZATIONS REPRESENTED.

NATIONAL AND STATE SOCIETIES.

American Institute of Homœopathic Pharmacy.

John T. S. Smith, M.D.
Amos F. Worthington, M.D.

California State Homœopathic Medical Society.

F. Hiller, M.D., San Francisco.

Connecticut Homœopathic Medical Society.

Geo. H. Wilson, M.D., West Meriden.
Henry E. Stone, M.D., Fair Haven.

Washington Homœopathic Medical Society.

TULLIO S. VERDI, M.D., Washington.

Illinois State Homœopathic Medical Association.

R. LUDLAM, M.D., Chicago.

Indiana Institute of Homœopathy.

O. P. BAER, M.D., Richmond.

Iowa State Homœopathic Society.

R. F. BAKER, M.D., Davenport. GEO. N. SEIDLITZ, M.D., Keokuk.

Maine Homœopathic Medical Society.

WM. GALLUPE, Bangor. N. G. H. PULSIFER, Waterville.

Massachusetts Homœopathic Medical Society.

CHAS. A. BROOKS, M.D., Clinton.
S. M. CATE, M.D., Salem.
WM. B. CHAMBERLAIN, M.D., Worcester.
HENRY B. CLARKE, M.D., New Bedford.
E. U. JONES, M.D., Taunton.
E. P. SCALES, M.D., Newton.
J. H. SHERMAN, M.D., Lynn.
GEO. W. SWAZEY, M.D., Springfield.
I. T. TALBOT, M.D., Boston.
DAVID THAYER, M.D., Boston.
J. H. WOODBURY, M.D., Boston.

Homœopathic Medical Society of the State of Michigan.

F. WOODRUFF, M.D., Ann Arbor. E. B. GRAHAM, M.D., Three Rivers.

Homœopathic Medical Society of the State of New Jersey.

H. F. HUNT, M.D., Camden. R. M. WILKINSON, M.D., Trenton
G. W. RICHARDS, M.D., Orange. J. J. YOULIN, M.D., Jersey City.

Homœopathic Medical Society of the State of New York.

W. J. BRYAN, M.D., Corning. F. W. INGALLS, M.D., Kingston
THEO. QUICK, M.D., New York.

Homœopathic Medical Society of Ohio.

H. B. VAN NORMAN, M.D., Cleveland.
SETH R. BECKWITH, M.D., Cincinnati.

Homœopathic Medical Society of Pennsylvania.

RICHARD KOCH, M.D., Philadelphia.
J. J. DETWILER, M.D., Easton.
H. R. FETTERHOFF, M.D., Newville.

BUSHROD W. JAMES, M.D., Philadelphia.
JOS. E. JONES, M.D., Westchester.
JOHN MALIN, M.D., Germantown.
ROBERT P. MERCER, M.D., Chester.
ROBERT C. SMEDLEY, M.D , Westchester.
WALTER M. WILLIAMSON, M.D., Philadelphia.
ROBT. J. MCCLATCHEY, M.D., Philadelphia.

Vermont Homœopathic Medical Society.

C. B. CURRIER, M.D., Middlebury.

Wisconsin State Homœopathic Medical Society.

L. E. OBER, M.D., La Crosse. M. F. PAGE, M.D., Appleton.
A. G. LELAND, M.D., Whitewater.

LOCAL AND COUNTY SOCIETIES.

Materia Medica Society, Chicago, Ill.

S. P. COLE, M.D., Chicago.

Boston Academy of Homœopathic Medicine.

L. D. PACKARD, M.D., South Boston.

Boston Homœopathic Society.

E. P. SCALES, M.D., Newton.

Bristol County (Mass.) Homœopathic Medical Society.

HENRY B. CLARKE, M.D., New Bedford.

Essex County (Mass.) Homœopathic Medical Society.

N. R. MORSE, M.D., Salem.

Worcester County (Mass.) Homœopathic Medical Society.

D. B. WHITTIER, M.D., Fitchburg.

Ramsay County (Minn.) Homœopathic Medical Society.

T. C. SCHELL, M.D.

Eastern Division Homœopathic Medical Association of New Jersey.

J. J. YOULIN, M.D., Jersey City.

Hudson County Homœopathic Medical Society of New Jersey.

J. J. YOULIN, M.D., Jersey City.

West Jersey Homœopathic Medical Society.

E. H. PHILLIPS, M.D., Cape May.

Homœopathic Medical Society of the County of Broome, N. Y.
TITUS L. BROWN, M.D., Binghamton.

Homœopathic Medical Society of the County of Chautauqua, N. Y.
G. A. HALL, M.D.

Homœopathic Medical Society of the County of Kings, N. Y.
REUBEN C. MOFFATT, M.D., Brooklyn.

Homœopathic Medical Society of the County of New York, N. Y.
HENRY M. SMITH, M.D., New York.

Homœopathic Medical Society of the Counties of Ontario and Yates, N. Y.
A. B. SMITH, M.D., Geneva.

Homœopathic Medical Society of the County of Rensselaer, N. Y.
F. L. VINCENT, M.D., Troy.

Homœopathic Medical Society of the County of Steuben, N. Y.
B. F. GRANT, M.D., Hammondsport.

Homœopathic Medical Society of the County of Ulster, N. Y.
F. W. INGALLS, M.D., Kingston.

Cincinnati Homœopathic Medical Society, Ohio.
SETH R. BECKWITH, M.D., Cincinnati.

Cleveland Homœopathic Medical Association, Ohio.
H. B. VAN NORMAN, M.D., Cleveland.

Homœopathic Medical Society of the 17th Congressional District of Ohio.
J. G. HEATON, M.D., Alliance.

Homœopathic Medical Society of Alleghany County, Pa.
L. M. ROUSSEAU, M.D., Pittsburg.

Homœopathic Medical Society of Chester, Delaware, and Montgomery Co's, Pa.
ROBERT P. MERCER, M.D., Chester.

Homœopathic Medical Society of Cumberland County, Pa.
WM. H. COOK, M.D., Carlisle.

Homœopathic Medical Society of the County of Philadelphia, Pa.
P. DUDLEY, M.D., Philadelphia.

Homœopathic Medical Society of Berks and Schuylkill Counties, Pa.
ED. H. SPOONER, M.D., Reading.

HOSPITALS AND ASYLUMS.

Chicago Nursery and Half Orphan Asylum.
S. P. HEDGES, M.D.

Scammon Hospital, Chicago.
W. K. DANFORTH, M.D.

Foundling Home, Chicago.
GEO. E. SHIPMAN, M.D.

House of the Angel Guardian, Boston.
H. P. SHATTUCK, M.D.

Baldwin Place Home for Little Wanderers, Boston.
J. H. WOODBURY, M.D.

Brooklyn Homœopathic Lying-in Hospital, Brooklyn, N. Y.
REUBEN C. MOFFATT, M.D.

New York Homœopathic Surgical Hospital, New York.
CARROLL DUNHAM, M.D.

New York Ophthalmic Hospital, New York.
T. F. ALLEN, M.D.

Protestant Half Orphan Asylum, New York.
BENJ. F. BOWERS, M.D.

Hospital of the Homœopathic College, Cleveland, Ohio.
N. SCHNEIDER, M.D.

Hospital of Hahnemann Medical College, Philadelphia.
HENRY NOAH MARTIN, M.D.

Home for Little Wanderers, Philadelphia.
W. H. H. NEVILLE, M.D.

Old Folks' M. E. Church Home, Philadelphia.
JOHN E. JAMES, M.D.

Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg, Pa.
J. C. BURGHER, M.D.

DISPENSARIES AND INFIRMARIES.

Washington Homœopathic Medical Dispensary.
T. S. VERDI, M.D.

Hahnemann Medical College Dispensary, Chicago.
T. S. HOYNE, M.D.

Homœopathic Medical Dispensary, Boston.
W. P. CROSS, M.D.

Jersey City Homœopathic Dispensary, N. J.
D. MCNEIL, M.D.

Harlem Homœopathic Dispensary, New York.
THOS. FRANKLIN SMITH, M.D.

New York Homœopathic College Dispensary.
HENRY D. PAINE, M.D.

Brooklyn, Eastern District, Homœopathic Dispensary.
WM. WRIGHT, M.D.

Dispensary of Hahnemann Medical College, Philadelphia.
JOHN E. JAMES, M.D.

Northwestern Homœopathic Dispensary, Philadelphia.
B. F. BETTS, M.D.

Homœopathic Dispensary of Germantown, Philada.
M. M. WALKER, M.D.

MEDICAL COLLEGES.

Hahnemann Medical College, Chicago.
R. LUDLAM, M.D.

New York Homœopathic Medical College, New York.
CARROLL DUNHAM, M.D.

Women's Medical College, New York.
E. M. KELLOGG, M.D.

Pulte Homœopathic Medical College, Cincinnati.
S. R. BECKWITH, M.D.

Hahnemann Medical College of Philadelphia.
RICHARD KOCH, M.D.

Cleveland Homœopathic Hospital College.
N. SCHNEIDER, M.D.

HOMŒOPATHIC JOURNALS.

U. S. Medical and Surgical Journal, Chicago
ALVIN E. SMALL, M.D.

Medical Investigator, Chicago.
T. C. DUNCAN, M.D.

New England Medical Gazette, Boston.
I. T. TALBOT, M.D.

American Homœopathic Observer, Detroit.
E. A. LODGE, M.D.

North American Journal of Homœopathy, New York.
S. LILIENTHAL, M.D.

Ohio Medical and Surgical Reporter, Cleveland.
T. P. WILSON, M.D.

American Journal of Homœopathic Materia Medica, Philadelphia.
A. R. THOMAS, M.D.

Hahnemannian Monthly, Philadelphia.
R. J. MCCLATCHEY, M.D.

HENRY M. SMITH,
WALTER M. WILLIAMSON,
HENRY B. CLARKE,
T. P. WILSON,
R. F. BAKER,
TITUS L. BROWN,
R. C. MOFFATT,
Committee on Credentials.

XIX.

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

ARTICLE I.

THIS Association shall be styled the AMERICAN INSTITUTE OF HOMŒOPATHY.

ARTICLE II.

The object of the Institute shall be the improvement of the science of medicine.

ARTICLE III.

The Institute shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its By-laws.

ARTICLE IV.

The officers of the Institute shall be a President, a Vice-President, a General Secretary, a Provisional Secretary, and a Treasurer, with such other officers as shall be designated by the By-laws, to be chosen at such time, in such manner, for such a period, and with such duties, as those By-laws shall ordain.

ARTICLE V.

The Institute shall have and use one common seal, with a suitable device and inscription.

ARTICLE VI.

This Constitution may be altered or amended by a vote of two-thirds of all the members present at the regular annual

meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

BY-LAWS.

ARTICLE I.

The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

ARTICLE II.

SECTION 1. The officers shall be elected at each session by ballot, and shall enter upon the duties of their several offices on the first day of January following their election.

SECTION 2. The officers of the Institute, viz., The President, Vice-President, General Secretary, Provisional Secretary, and Treasurer, shall constitute an Executive Committee, which shall arrange the order of business at the meetings of the Institute, attend to matters of business not otherwise specially provided for, and perform such other duties as may by vote of the Institute devolve upon them. They shall also constitute the Publication Committee.

ARTICLE III.

The President shall preside at the meetings of the Institute, preserve order therein, put all questions, announce the decisions, and appoint the committees not otherwise ordered.

ARTICLE IV.

The Vice-President shall assist the President, and, in his absence, perform his duties.

ARTICLE V.

The General Secretary shall keep a record of the proceedings of the meetings; answer all letters addressed to the Institute; open and maintain such correspondence as may tend to advance its interests; give proper notice of the meetings of the Institute; notify candidates of their election; and sign certificates of membership.

ARTICLE VI.

The Provisional Secretary shall assist the General Secretary, and, in his absence, perform his duties.

ARTICLE VII.

The Treasurer shall collect all moneys belonging to the Institute, make all necessary disbursements, and report annually in writing.

ARTICLE VIII.

At each session of the Institute there shall be elected, by ballot, a board of five Censors, who shall receive and examine the credentials of candidates, and report to the Institute, for election, such as may be found properly qualified.

ARTICLE IX.

SECTION 1. Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and who sustains a good moral character and general standing, and who has obtained a certificate of three members of this Institute, attesting to compliance with the above requirements, and by the Board of Censors has been found satisfactorily qualified in the theory and practice of homœopathy, and so reported to the Institute, may be elected a member thereof; and upon the payment of two dollars shall receive a certificate of such election. Certificates furnished to the Board of Censors shall state when and where the applicant graduated.

SECTION 2. Properly accredited delegates, being physicians, shall be admitted during the session of the Institute to all the privileges of members, except voting and eligibility to office, on the following basis:

First. From every association composed of more than fifty members from different States, two delegates, with an additional delegate for every twenty members.

Second. From every State society, two delegates, with an additional delegate for every twenty members.

Third. From every county or local society, one delegate.

Fourth. From every college, hospital, or dispensary actually established, one delegate.

Fifth. From every medical journal published, one delegate.

Such delegates shall be elected for the term of one year.

It shall be their duty to present to this Institute, through its proper bureaus, a clear synopsis of the doings of their respective associations.

SECTION 3. Of State societies represented in the Institute, the Presidents shall be *ex-officio* Vice-Presidents, and the Recording Secretaries shall be *ex-officio* Corresponding Secretaries of the Institute. It shall be the duty of these officers to communicate to the General Secretary any facts or information concerning the condition of these societies, and the progress of homœopathy in their several States.

SECTION 4. Any foreign homœopathic physician may be elected a Corresponding Member of the Institute at any meeting; and the Institute may, at any annual meeting, elect as Honorary Members, not to exceed five in one year, any foreign homœopathic physicians who may be judged worthy, from their superior attainments in medicine; provided that the names of persons proposed for honorary membership shall have been presented at a previous annual meeting. Such Corresponding and Honorary Members shall not be entitled to vote, nor be eligible to office.

SECTION 5. Members shall be required to pay annually the sum of five dollars toward defraying the expenses of the Institute.

ARTICLE X.

SECTION 1. There shall be a Bureau of Materia Medica, Pharmacy, and Provings, consisting of nine members, which shall obtain facts relating to the Materia Medica and Pharmacy; and institute, collect, and arrange provings of drugs.

SECTION 2. There shall be a Bureau of Clinical Medicine, consisting of nine members, which shall collect facts relating to clinical medicine generally, and especially to any endemic or epidemic diseases which may exist in the country.

SECTION 3. There shall be a Bureau of Obstetrics, and Diseases of Women and Children, consisting of seven members, and a Sub-Bureau of Gynæcological Surgery, consisting of five members, which shall collect and report to the Institute facts and observations on subjects pertaining thereto.

SECTION 4. There shall be a Bureau of Surgery, consisting of nine members, which shall collect all improvements in surgery and surgical means, especially in connection with homœopathic treatment.

SECTION 5. There shall be a Bureau of Organization, Registration, and Statistics, which shall keep a register of all homœopathic physicians, or those who claim to be such, in the United States, distinguishing those who are members of the Institute,

and also members of State societies; prepare a list of all State and local societies, colleges, hospitals, dispensaries, and journals, with their organization; and collect any statistics regarding homœopathy, its status and progress.

SECTION 6. There shall be a Bureau of Anatomy, Physiology, and Hygiene, consisting of seven members, which shall report to the Institute the advances made in these departments of medical science.

SECTION 7. There shall be a Bureau of Psychological Medicine; a Bureau of Ophthalmology and Otology; and a Bureau of Medical Literature, which shall report to the Institute on subjects pertaining thereto.

Each of these bureaus, unless otherwise provided, shall consist of five members, to be appointed annually by the President, with the advice of the other members of the Executive Committee; and if any member of a bureau shall resign, or decline to serve, the chairman of the bureau shall fill the vacancy, and notify the General Secretary of the fact.

The chairmen of similar bureaus in State societies, represented in the Institute, shall be *ex-officio* corresponding members of these bureaus.

Before the close of each annual meeting of the Institute, the chairman of each bureau shall call a meeting of its members present to arrange its work for the ensuing year; which shall especially be, the selection of one subject upon which papers shall be solicited during the year, and read during the session, that subject alone being the one for discussion; all papers referring to other subjects to be referred to the Committee of Publication, without reading; except upon special call of the Institute.

ARTICLE XI.

Diplomas shall be granted to such as are already members of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

ARTICLE XII.

These By-laws may be altered or amended by a vote of a majority of members present at any annual meeting.

XX.

RESOLUTIONS.

ADOPTED MAY 14, 1846.

Resolved, That this Institute recommends the formation of local homœopathic societies, on the basis of the Institute.

Resolved, That each local society be recommended to appoint a bureau for the augmentation and improvement of the Materia Medica, whose duty it shall be to send to the central bureau information in relation to the following topics:

1. The effect which may be observed from the trial of new remedies, whether in health or disease; stating the precise localities of the symptoms, the time of day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs; with particulars of such cases.

3. Symptoms of remedies which have been most frequently confirmed in practice; also any remarkable coincidence in popular practice—especially in cases of poisoning.

Resolved, That each local society is expected to report itself annually to the Institute.

Resolved, That each member of the Institute be earnestly desired to make trials of drugs upon himself.

ADOPTED JUNE 13, 1850.

Resolved, That candidates hereafter admitted to membership in the Institute, who may have received a diploma from some regularly established medical college, or institution legally authorized to confer such degree, shall have the title M.D. affixed to their names in all the publications of the Institute; and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the by-laws, shall have prefixed the title of Dr.; and the Board of Censors are hereby instructed so to report their names to the Institute.

Resolved, That, in the opinion of this Institute, all methods of arriving at the curative properties of a drug, except by means of its pathogenetic effects, are uncertain.

ADOPTED JUNE 12, 1851.

Resolved, That this Institute consider it the duty of every member to make some written communication at every annual meeting, upon some matter pertaining to the general interests of homœopathy.

Resolved, That members of the Institute who may change their place of residence are hereby requested to give notice of such change to the General Secretary.

Resolved, That individuals proposing to become members of the Institute shall subscribe their names, if present, or, if absent, the Secretary be authorized to add such names and place of residence to the constitution and by-laws, previous to receiving the certificate of membership.

ADOPTED JUNE 8, 1853.

Resolved, That the members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the medical college at which such applicant shall have graduated.

ADOPTED JUNE 8, 1854.

Resolved, That all committees appointed to report on scientific subjects, failing to report within one year after their appointment, shall be discontinued, except by a vote of two-thirds of the members present.

Resolved, That we regard the homœopathic law as coextensive with disease, and that a resort to any other medicinal means than those pointed out by the law *similia similibus*, is the result, in part, of the incompleteness of our Materia Medica, but mainly the result of a want of sufficient knowledge on the part of the physician, of those remedies already possessed by our school; and not of an insufficiency of the homœopathic law.

Resolved, That the pharmaceutists of the homœopathic school be recommended to use, in the preparation of drugs by trituration, the proportions of ten grains of the drug to ninety grains of sugar of milk; and, for the sake of uniformity, to retain the numerical designation adopted by Hahnemann, and continued by the majority of homœopathic physicians.

ADOPTED JUNE 7, 1855.

Resolved, That the Institute cannot view the advertising of remedies as nostrums, or the combining of several medicines in one prescription, in any other light than as irregular practice, and subversive of the best interests of homœopathy; and that we will not tolerate in our membership one guilty of such practice.

ADOPTED JUNE 5, 1856.

Resolved, That the Proceedings of the Institute, published by the General Secretary, be withheld from all members of the Institute whose arrearages or dues shall amount to more than two dollars at the next meeting.

Resolved, That, in accordance with the usage and dignity of scientific bodies, which very properly discountenance all extraordinary efforts on the part of members of such bodies to enhance individual interest, we, as an associated scientific body, will discountenance all like extraordinary efforts on the part of members of this Institute; and, whenever such cases come to our knowledge well authenticated, we will sever such members from our connection, as no longer worthy of our sympathy and fellowship.

ADOPTED JUNE 4, 1857.

Resolved, That members in good standing who, from advanced age, or from other causes of honorable mention, shall retire from the practice of medicine, may retain their membership, and be exempt from the payment of annual dues.

Resolved, That it is the duty of the American Institute of Homœopathy to extend a fostering care to the homœopathic medical colleges of the United States, and exert its influence in directing students of medicine, who are seeking admission to the honors of the profession, to their halls for instruction.

Resolved, That the American Institute of Homœopathy does not necessarily indorse the doctrines contained in the reports of committees by accepting and publishing such reports with the proceedings.

ADOPTED JUNE 3, 1858.

Resolved, That all papers received by the Institute, which are ordered to be placed on file, be referred to the General Secretary, to be used as he may think proper in making up his report of the proceedings of our annual meetings.

ADOPTED JUNE 2, 1859.

Resolved, That in all publications of the Institute, whenever attenuations, dilutions or potencies are mentioned, the centesimal scale is implied, unless a different scale is expressed.

Resolved, That, in the case of such papers ordered for publication as are objectionable on account of their length, the Publishing Committee may, with the consent of the authors, abbreviate the same, or suspend the publication thereof until otherwise instructed.

Resolved, That a collection of well-digested clinical facts being

of importance to the interests of homœopathy, the members of this Institute are requested to furnish the committees appointed to report on medical subjects with an abstract of such cases of importance, occurring in their experience, as relate to any of those designated subjects; and that the publication of the same is authorized, provided it can be effected without subjecting the Institute to pecuniary responsibility.

ADOPTED JUNE 7, 1866.

Resolved, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.

Resolved, That while we approve the establishment of life insurance companies which make a distinction in favor of the patrons of homœopathy, and, while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

ADOPTED JUNE 7, 1867.

Resolved, That in the organization of life insurance companies which discriminate in favor of practical homœopathists, we recognize an important instrumentality, which, by showing the superiority of homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann; and that, whenever practicable, the members of this Institute will give to such organization a united and cordial support.

ADOPTED JUNE 5, 1868.

Resolved, That, in the meetings of the Institute, the first business in order, after completion of the annual organization, shall be the presentation of reports of bureaus and of all other scientific papers; and that the miscellaneous business shall follow the same.

ADOPTED JUNE 9, 1869.

Resolved, That properly qualified physicians, men or women, are eligible to membership of the American Institute of Homœopathy.

Resolved, That the elective officers of the Institute shall enter upon the duties of their several offices on the first day of January following their election.

Resolved, That the Secretary be instructed to publish the

forthcoming volumes of the Transactions so as to correspond with the general plan followed during the last two years.

Resolved, That the Bureau of Clinical Medicine be requested to give attention to the collection of clinical verifications of the symptoms contained in our Materia Medica, and to include such verifications in their reports, with whatever details they deem proper, giving credit to the authors.

Resolved, That the Institute invite State societies to co-operate in this work of clinical verification of the Materia Medica.

ADOPTED JUNE 8, 1870.

Resolved, That the Censors be required to state in what medical college and year the applicant for membership graduated, and that this statement be published with the names of the members after their admission.

Resolved, That the reading of reports of committees be limited to fifteen minutes, and if said reports are too lengthy to be read within that time, the committee shall present a brief statement of the contents of the report, or read by title, as they elect, before it is referred to the appropriate committee.

Resolved, First, That each new bureau, respectively, shall be appointed immediately after the business and discussion of the report of the past year shall be ended.

Resolved, Second, That the chairman of each bureau shall call it together after such appointment, before the end of the annual meeting, to arrange its work for the year.

Resolved, That the Institute order the preparation of a homœopathic dispensatory, to be submitted to the Institute before publishing, and direct the President to consider the suggestion of the Committee on a Dispensatory, concerning the plan and selection of the committee.

Resolved, That there be a Standing Committee on Legislation, the duty of which shall be to look after and influence, as far as possible, all legislation in the General Government, or any of the States or cities of the country, in anywise affecting the interests of homœopathy, or of its practitioners.

Resolved, That each member of the American Institute will best subserve the interests of homœopathic medicine by using great care to avoid accepting any student of medicine into his office who does not or cannot give evidence of possessing the preliminary education recommended in the report of the Committee on Education.

Resolved, That the resolution relating to qualification apply to all students whose term of pupilage shall commence subsequent to the year 1870, and that every effort be made to acquaint the profession at large with the action of the Institute.

Resolved, That candidates for membership in this Institute, who shall have graduated later than 1873, shall be required to present evidence of having attained the standard of qualification adopted by this Institute.

ADOPTED JUNE 6, 1871.

Resolved, That the by-laws shall be so amended as to raise the dues of members from $3.00 to $5.00 per annum.

Resolved, That the American Institute of Homœopathy deems it inexpedient to have a public oration delivered hereafter by any member at the meeting of the Institute.

Resolved, That the President shall make an address at the opening of each session of the Institute, which address shall contain a general review of the progress of medicine and homœopathy during the past year, and such suggestions as he may deem necessary for the Institute to take action on during the session.

ADOPTED JUNE 9, 1871.

Resolved, That all reports or papers which are to be published with the Proceedings of the Institute, shall be handed to the Secretary within thirty days after the close of the session, in order to facilitate the publication of the Proceedings; otherwise they will be excluded.

ADOPTED MAY 23, 1872.

Resolved, That the American Institute of Homœopathy accept the communication from the Founders of the Institute, and enact that all members of the Institute whose membership dates from 1848, and prior to that date, be considered *Seniors* in this body; that their ranks be augmented annually by all those who shall have maintained twenty-five successive years of membership, and that they be earnestly requested to attend all meetings of the Institute and deliberate in their conferences any advisory measures for its continued success.

ADOPTED MAY 24, 1872.

Resolved, That hereafter no report or paper will be received by the Institute from a bureau or committee of the Institute, or from any individual member thereof, in an incomplete or unfinished condition; and that a report or paper having been received by the Institute and referred to the Committee of Publication, shall pass at once into the hands of the General Secretary, and not be returned to the writer under any representations that may be made.

XXI.

MEMBERS.

The ? denotes that the residence is doubtful; the figures show the date of membership.

Members are requested to inform the General Secretary of any change in the address of any of the members.

The following resolution, passed June, 1866, went into effect June, 1867.

***Resolved*, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.**

1851. Abbott, Jehiel, M.D., Westfield, Mass.
1870. Abell, D. T., M.D., Darlington, Wis.
1872. Abercrombie, Wm. H., M.D., Jersey City, N. J.
1871. Adams, Myron H., M.D., Palmyra, N. Y.
1860. Ahlborn, Henry, M.D., 76 Charles St., Boston, Mass.
1867. Albertson, J. A., M.D., 105 O'Farrell St., San Francisco, Cal.
1871. Allen, Richard C., M.D., 4708 Paul St., Frankford, Phila.
1871. Allen, Samuel E., M.D., Trenton, N. J.
1866. Allen, Timothy F., M.D., 3 East 33d St., New York.
1872. Allen, Henry C., M.D., Brantford, Ontario.
1860. Alley, James T., M.D., St. Paul, Minn.
1868. Alvord, Samuel, M.D., Chicopee Falls, Mass.
1864. Anderson, William D., M.D., New Haven, Conn.
1871. Andrews, Wm. J., M.D., Newark, N. J.
1853. Angell, Henry C., M.D., 16 Beacon St., Boston, Mass.
1846. Annin, J. D., M.D., Newark, N. J.
1869. Arcularius, Philip E., M.D., 43 E. 21st St., New York.
1871. Armor, Smith, M.D., Columbia, Pa.
1869. Arthur, A. A., M.D., Vergennes, Vt.
1858. Ashton, A. H., M.D., 730 S. 10th St., Philadelphia.

1871. Aten, Henry F., M.D., Brooklyn, N. Y.
1870. Austin, Philip A., M.D., Muscatine, Iowa.
1872. Austin, Jas. H., M.D., Bristol, Conn.
1869. Avery, Edw. W., M.D., Poughkeepsie, N. Y.
1867. Avery, Henry N., M.D., Poughkeepsie, N. Y.
1868. Bacmeister, Theodore, M.D., Toulon, Ill.
1871. Bacon, Charles A., M.D., New York City.
1867. Baer, O. P., M.D., Richmond, Ind.
1869. Baethig, Henry, M.D., 304 Oak St., Buffalo, N. Y.
1870. Bagley, Alvin, M.D., Marshall, Mich.
1870. Bagley, H. B., M.D., Marshall, Mich.
1867. Bailey, George W., M.D., Elizabeth, N. J.
1867. Bailey, J. B., M.D., Charlestown, Mass.
1871. Baker, Daniel P., M.D., Little Valley, Cattaraugus Co., N. Y.
1870. Baker, R. F., M.D., Davenport, Iowa.
1869. Baker, Walter S., M.D., Cohoes, N. Y.?
1872. Baker, Mary G., M.D., Worcester, Mass.
1871. Baldwin, Aaron, M.D., Cleveland, O.?
1857. Baldwin, Jared G., M.D., 8 E. 41st St., New York.
1844. Ball, Alonzo S., M.D., 43 W. 11th St., New York.
1870. Ballard, E. A., M.D., 31st St. and Wabash Av., Chicago, Ill.
1870. Bancroft, A. A., M.D., Lansing, Mich.
1868. Bancroft, Walton, M.D., La Salle, Ill.
1866. Baner, William J., M.D., 13 E. 33d St., New York.
1870. Barden, O. P., M.D., Tioga, Pa.
1867. Barker, William C., M.D., Waukegan, Ill.
1844. Barlow, Samuel B., M.D., 55 E. 21st St., New York.
1853. Barnes, George W., M.D., San Diego, Cal.?
1848. Barrows, George, M.D., Taunton, Mass.
1868. Barrows, George S., M.D., Rockford, Ill.
1846. Barrows, Ira, M.D., cor. Washington and Matthewson Sts., Providence, R. I.
1857. Bartlett, A. R., M.D., Aurora, Ill.
1867. Bartlett, Edward G., M.D., 43 E. 11th St., New York.
1868. Baxter, H. H., M.D., Cleveland, Ohio.
1847. Baxter, William., M.D., Wappinger's Falls, N. Y.
1846. Bayard, Edward, M.D., 8 W. 40th St., New York.
1867. Bayliss, B. L. B., M.D., Astoria, N. Y.
1870. Beaumont, John H., M.D., Freeport, Ill.
1869. Becker, Benjamin, M.D., Cressona, Pa.
1865. Beckwith, D. H., M.D., Cleveland, O.
1871. Beckwith, E. C., M.D., Zanesville, O.
1857. Beckwith, Seth R., M.D., Cincinnati, O.
1869. Beebe, A. G., M.D., 64 Park Av., Chicago, Ill.

1870. Beebe, E. W., M.D., Evansville, Wis.
1870. Beebe, Nelson D., M.D., Freeport, Ill.
1846. Belcher, George E., M.D., 43 E. 21st St., New York.
1868. Bell, James B., M.D., Augusta, Me.
1867. Bell, James S., M.D., Rochester, Minn.
1857. Bell, William C., M.D., Middletown, Conn.
1872. Bender, Prosper, M.D., Quebec, Dominion of Canada.
1872. Benham, F. A., M.D., Bronson, Mich.
1846. Bennett, Hilem, M.D., Rochester, N. Y.
1869. Bennett, Hollis K., M.D., Fitchburg, Mass.
1865. Benson, P. Oscar C., M.D., Skaneateles, N. Y.
1846. Berens, Bernard, M.D., 1507 Arch St., Philadelphia.
1846. Berens, Joseph, M.D., S. W. cor. Broad and Green Sts., Philadelphia.
1872. Berghaus, Alex., M.D., 49 W. 24th St., New York.
1858. Berghaus, Julius M., M.D., 49 W. 24th St., New York.
1870. Betts, B. Frank, M.D., 1601 Girard Av., Philadelphia.
1869. Bevin, William A., M.D., Keyport, N. J.
1854. Bigelow, Franklin, M.D., 52½ Warren St., Syracuse, N. Y.
1868. Biggar, Hamilton F., M.D., Cleveland, O.
1871. Bingaman, C. F., M.D., Pittsburg, Pa.
1869. Birch, George B., M.D., Hannibal, Mo.
1854. Bishop, D. F., M.D., Lockport, N. Y.
1869. Bishop, Herbert M., M.D., 87 Franklin St., Norwich, Conn.
1870. Bishop, Lewellyn A., M.D., Fond du Lac, Wis.
1853. Bissell, Arthur F., M.D., 157 Maiden Lane, N. Y.
1870. Bitely, Eugene, M.D., Paw Paw, Mich.
1869. Blair, A. O., M.D., Cleveland, O.
1870. Blair, Geo. H., M.D., Cleveland, O.
1869. Blaisdell, John M., M.D., Bangor, Me.?
1867. Blakelock, Ralph, M.D., 354 W. 24th St., New York.
1869. Bloss, J. P., M.D., Troy, N. Y.
1845. Boardman, J. C., M.D., Trenton, N. J.
1865. Boericke, F. E., M.D., 635 Arch St., Philadelphia, Pa.
1866. Borland, W. C., M.D., Pittsburg, Pa.
1872. Bossert, Charles, M.D., 2350 Second Av., New York.
1870. Botsford, Alva H., M.D., Grand Rapids, Wis.?
1867. Bowen, Eleazer, M.D., Jersey City, N. J.
1869. Bowen, G. W., M.D., Fort Wayne, Ind.
1867. Bowen, Horace, M.D., Jersey City, N. J.
1844. Bowers, Benjamin F., M.D., 50 W. 29th St., New York.
1871. Bowie, Alonzo P., M.D., Uniontown, Pa.
1869. Bowman, Benjamin, M.D., Chambersburg, Pa.
1866. Boyce, C. William, M.D., Auburn, N. Y.
1870. Boyer, Francis W., M.D., Pottsville, Pa.

1860. Bradford, F. Standish, M.D., 55 W. 34th St., New York.
1871. Bradford, Herbert C., M.D., Lewiston, Me.
1846. Bradford, Richmond, M.D., Auburn, Me.
1869. Bradford, Thomas L., M.D., Skowhegan, Me.
1865. Bradford, T. C., M.D., 170 W. Fourth St., Cincinnati, Ohio.
1853. Brainerd, Jehu, M.D., Washington, D. C.
1869. Breyfogle, Charles W., M.D., San José, Cal.
1869. Brick, Francis, M.D., Keene, N. H.
1872. Brickley, Obadiah C., M.D., York, Pa.
1869. Brigham, G. N., M.D., Montpelier, Vt.
1869. Briry, Milton S., M.D., Bath, Me.
1859. Brooks, Charles A., M.D., Clinton, Mass.
1872. Brooks, Chas. G., M.D., East Boston, Mass.
1871. Brown, Benj. P., M.D., Cleveland, O.
1869. Brown, D. M., M.D., Wheatland, Cal.
1867. Brown, Edward V., M.D., Tarrytown, N. Y.
1869. Brown, Granville Curtis, M.D., 29 W. 30th St., New York.
1867. Brown, Henry R., M.D., Leominister, Mass.
1867. Brown, Titus L., M.D., 45 Collier St., Binghamton, N. Y.
1872. Brown, William, M.D., 647 N. 10th St., Philadelphia, Pa.
1872. Brown, Samuel, M.D., 651 N. 10th St., Philadelphia, Pa.
1867. Browne, Gardner S., M.D., Hartford, Conn.
1871. Bryan, Wm. J., M.D., Corning, N. Y.
1867. Bryant, Melville, M.D., 378 Adelphi St., Brooklyn, N. Y.
1869. Buck, J. D., M.D., Cincinnati, Ohio.
1860. Buckner, Charles S., M.D., Baltimore, Md.
1868. Budlong, John C., M.D., Centredale, R. I.
1859. Bulkley, William E., M.D., Danbury, Conn.
1856. Bull, A. T., M.D., 986 E. Swan St., Buffalo, N. Y.
1867. Bumstead, S. J., M.D., Pekin, Ill.
1867. Bunting, Thomas C., M.D., East Mauch Chunk, Pa.
1867. Burdick, Stephen P., M.D., 351 W. 34th St., New York.
1854. Burgher, J. C., M.D., 332 Penn Av., Pittsburg, Pa.
1848. Burke, A. C., M.D., 142 Union St., Brooklyn, N. Y.
1859. Burpee, John A., M.D., Malden, Mass.
1869. Burr, Charles H., M.D., Portland, Me.
1870. Bushnell, Lafayette, M.D., 57 Bond St., New York City.
1871. Cadmus, James M., M.D., Hammondsport, N. Y.
1868. Calvert, William J., M.D., Jackson, Mich.
1858. Campbell, M. W., M.D., Troy, N. Y.
1867. Campbell, C. E., M.D., 314 E. 18th St., N. Y.
1870. Carey, Hiram, M.D., Freeport, Ill.
1869. Carpenter, Charles H., M.D., 1 Fifth St., Troy, N. Y.
1870. Carpenter, Moses, M.D., Kankakee, Ill.

1870. Carr, Marvin S., M.D., Galesburg, Ill.
1871. Carroll, Stephen H., M.D., Albany, N. Y.
1854. Cate, Shadrach M., M.D., Salem, Mass.
1844. Cator, H. Hull, M.D., Roxbury, N. Y.
1859. Chamberlain, William B., M.D., Worcester, Mass.
1847. Chase, Hiram L., M.D., Cambridge, Mass.
1871. Chase, Maurice J., M.D., Galesburg, Ill.
1869. Cheever, D. A., M.D., Champaign, Ill.
1870. Cheney, Benjamin H., M.D., New Haven, Conn.
1871. Child, Nelson N., M.D., Ogdensburg, N. Y.
1865. Childs, W. R., M.D., 204 Penn Av., Pittsburg, Pa.
1870. Chittenden, George W., M.D., Janesville, Wis.
1871. Church, Charles H., M.D., Norwich, N. Y.
1871. Clapp, Herbert C., M.D., 35 Howard St., Boston, Mass.
1846. Clark, Eliphalet, M.D., Portland, Me.
1850. Clark, J. K., M.D., Sacramento, Cal.
1844. Clark, Luther, M.D., Waltham, Mass.
1872. Clark, J. J., M.D., Washington, D. C.
1854. Clarke, Henry B., M.D., New Bedford, Mass.
1859. Clarke, John L., M.D., Fall River, Mass.
1846. Clarke, Peleg, M.D., 21 Sutton St., Providence, R. I.
1845. Clary, Lyman, M.D., 54 Warren St., Syracuse, N. Y.
1860. Clay, G. B. L., M.D., Moorestown, N. J.
1867. Cleaveland, William L., M.D., Atlanta, Ga.
1869. Cloud, Charles R., M.D., Burlington, N. J.
1869. Cloud, J. A., M.D., Philadelphia, Pa.
1869. Coburn, Edward S., M.D., 70 Second St., Troy, N. Y.
1869. Cochran, Charles A., M.D., Winthrop, Me.
1865. Coffreen, J. Q. A., M.D., Dayton, Ohio.
1866. Coggswell, C. H., M.D., Clinton, Iowa.
1870. Colburn, S. H., M.D., Lyndon, Vt.
1871. Colby, Edward P., M.D., Malden, Mass.
1870. Cole, E. B., M.D., Waterford, N. Y.
1871. Cole, H. P., M.D., 23 University Place, Chicago, Ill.
1869. Cole, S. P., M.D., 23 University Place, Chicago, Ill.
1851. Collins, H. A., M.D., Springfield, Mass.
1857. Colton, D. A., M.D., 54 31st St., Chicago, Ill.
1869. Compton, J. Augustine, M.D., Muncie, Ind.
1867. Comstock, Albert L., M.D., Mount Kisco, N. Y.
1866. Comstock, T. G., M.D., 14th St. and Wash. Av., St. Louis, Mo.
1848. Cook, Abijah P., M.D., Hudson, N. Y.
1869. Cook, Charles P., M.D., Hudson, N. Y.
1867. Cook, E. G., M.D., 342 Washington St., Buffalo, N. Y.
1850. Cook, Simeon A., M.D., 1 Clinton Place, Troy, N. Y.

1866. Cook, William H., M.D., Carlisle, Pa.
1872. Cook, Susan S., M.D., Buffalo, N. Y.
1854. Cooke, N. F., M.D., 360 Michigan Av., Chicago, Ill.
1866. Cooper, J. F., M.D., Alleghany City, Pa.
1869. Corcoran, Luke, M.D., Springfield, Mass.
1850. Cornell, Benjamin F., M.D., Fort Edward, N. Y.
1856. Côté, Marcellin, M.D., 284 Penn Av., Pittsburg, Pa.
1869. Covert, Nelson B., M.D., Geneva, N. Y.
1871. Covert, Rynear B., M.D., Geneva, N. Y.
1865. Cowley, David, M.D., Wilkins P. O., Alleghany Co., Pa.
1854. Cox, James W., M.D., Albany, N. Y.
1871. Cox, George Howell, M.D., Hastings, Mich.
1869. Cragin, F. M., M.D., Norwood, Mass.
1867. Craig, J. D., M.D., Niles, Mich.
1872. Crater, Henry, M.D., Somerville, N. J.
1869. Crispell, G. D., M.D., Kingston, N. Y.
1865. Cropper, Charles C., M.D., Oxford, Butler Co., O.
1869. Cross, Hiram B., M.D., Jamaica Plain, Mass.
1869. Cross, William P., M.D., 476 Broadway, S. Boston, Mass.
1859. Cullis, Charles, M.D., 16 Somerset St., Boston, Mass.
1848. Cummings, J. M., M.D., Portland, Me.
1847. Currier, C. B., M.D., Middlebury, Vt.
1870. Curtis, D. G., M.D., Massillon, Ohio.
1867. Cushing, Alvin M., M.D., Lynn, Mass.
1869. Cutler, William C., M.D., Chelsea, Mass.
1852. Dake, Jabez P., M.D., 21 N. Vine St., Nashville, Tenn.
1872. Dake, William C., M.D., Nashville, Tenn.
1870. Danforth, Willis, M.D., 1224 Wabash Av., Chicago, Ill.
1871. Davis, W. Beesly, M.D., 323 Richmond St., Philadelphia, Pa.
1868. Dayfoot, Herbert M., M.D., Mount Morris, N. Y.
1872. De Baun, Alice, M.D., Providence, R. I.
1869. De Derkey, F. F., M.D.,
1869. Delavan, J. Savage, M.D., 77 Columbia St., Albany, N. Y.
1869. Dennis, L., M.D., Newark, N. J.
1851. Denison, Jeremiah T., M.D., Fairfield, Conn.
1844. Detwiler, H., M.D., Easton, Pa.
1858. Detwiler, J. J., M.D., Easton, Pa.
1858. Dinsmore, J. Pitman, M.D., 8 O'Farrell St., San Francisco, Cal.
1841. Dodge, Moses, M.D., Portland, Me.
1848. Donovan, Thos. W., M.D., Tompkinsville, Staten Island, N. Y.
1868. Doran, Charles R., M.D., Hagerstown, Md.

1869. Dorion, Charles N., M.D., 526 Wabash Av., Chicago, Ill.
1869. Doty, Hylon, M.D., Rochester, N. Y.?
1847. Douglas, J. S., M.D., Milwaukee, Wis.
1872. Doughty, Francis E., M.D., 50 W. 33d St., New York.
1867. Dowling, John W., M.D., 58 W. 25th St., New York.
1867. Drake, E. H., M.D., Detroit, Mich.
1871. Drake, Jason W., M.D., Dover, N. H.
1871. Drake, Olin M., M.D., Ellsworth, Me.
1871. Dreher, Charles B., M.D., Tamaqua, Pa.
1871. Dubs, Samuel R., M.D., Philadelphia, Pa.?
1869. Dudley, Pemberton, M.D., 684 N. 12th St., Philadelphia.
1866. Duncan, T. Cation, M.D., 287 W. Randolph St., Chicago.
1860. Dunham, Carroll, M.D., 21 W. 19th St., New York.
1866. Earhart, J. R., M.D., 1839 Arch St., Philadelphia.
1859. Eaton, Hosea B., M.D., Rockport, Me.
1869. Edic, John J., M.D., Leavenworth, Kansas.
1871. Edmunson, Walter F., M.D., Baltimore, Md.?
1872. Edson, Susan A., M.D., Washington, D. C.
1868. Eggert, William, M.D., Indianapolis, Ind.
1846. Ehrman, Benjamin, M.D., 46 W. 7th St., Cincinnati, O.
1846. Ehrman, F., M.D., 84 W. 7th St., Cincinnati, O.
1869. Ehrman, Louis P., M.D., Louisville, Ky.?
1869. Elliott, Joseph B., M.D., 493 Clinton Av., Brooklyn, N.Y.
1857. Ellis, John, M.D., 14 W. 27th St., New York.
1867. Ermentraut, John P., M.D., 265 E. 4th St., New York.
1872. Esten, John, M.D., San Francisco, Cal.
1870. Evans, C. Horace, M.D., Beloit, Wis.
1872. Everett, Mary H., M.D., 167 W. 34th St., New York.
1871. Fager, Charles B., M.D., Harrisburg, Pa.
1870. Fairbanks, Charles D., M.D., Ottawa, Ill.
1867. Fanning, Thomas C., M.D., Tarrytown, N. Y.
1859. Farnsworth, Charles H., M.D., E. Cambridge, Mass.
1872. Farrington, E. A., M.D., 1616 Mt. Vernon St., Philadelphia, Pa.
1866. Faulkner, R., M.D., Erie, Pa.
1867. Fellows, H. Barton, M.D., 1242 Prairie Av., Chicago, Ill.
1871. Fetterhoff, Hiram R., M.D., Newville, Pa.
1868. Finch, Edward W., M.D., New Rochelle, N. Y.
1855. Fincke, Bernhardt, M.D., 122 Livingston St., Brooklyn.
1867. Fish, Chas. F., M.D., Newark, N. J.
1867. Fiske, William M. I., M.D., 101 Division Avenue, Brooklyn.
1867. Flagg, Levi W., M.D., Yonkers, N. Y.
1869. Flanders, David P., M.D., Belfast, Me.
1869. Fletcher, William K., M.D., North Cambridge, Mass.

1870. Flowers, J. R., M.D., Columbus, O.
1850. Foote, Elial T., M.D., New Haven, Conn.
1850. Foote, George F., M.D., Middletown, N. Y.
1869. Foote, Geo. W., M.D., Galesburg, Ill.
1869. Foster, Avery B., M.D., 137 High St., Providence, R. I.
1869. Foster, Edward, M.D., Marblehead, Mass.
1870. Foster, R. N., M.D., 481 W. Madison St., Chicago, Ill.
1867. Foster, Wm. D., M.D., Hannibal, Mo.
1869. Fowler, Edward P., M.D., 4 E. 33d St., New York.
1867. Franklin, E. C., M.D., St. Louis, Mo.
1858. Freeman, W., M.D., 39 W. 36th St., New York.
1860. Freeman, Wm. E., M.D., Wilmington, N. C.
1858. Freligh, Martin, M.D., 31 W. 24th St., New York.
1869. French, Alfred J., M.D., Lawrence, Mass.
1871. French, Harriet S., M.D., 238 N. 9th St., Philadelphia.
1866. Friese, M., M.D., Harrisburg, Pa.
1865. Frost, James H. P., M.D., Danville, Pa.
1872. Frye, Moses M., M.D., 155 Worth St., New York.
1844. Fuller, Milton, M.D., 35 Essex St., Boston, Mass.
1858. Füllgraff, Otto, M.D., 53 Irving Place, New York.
1869. Gale, J. A., M.D., West Medway, Mass.
1859. Gale, Stephen M., M.D., Newburyport, Mass.
1868. Gallinger, Jacob H., M.D., Concord, N. H.
1848. Gallupe, William, M.D., Bangor, Me.
1851. Gambell, W. P., M.D., 2 Rutland St., Boston, Mass.
1871. Garbereich, E. W., M.D., Mechanicsburg, Pa.
1870. Gardiner, D. E., M.D., Bordentown, N. J.
1849. Gardiner, Daniel R., M.D., Pottsville, Pa.
1869. Gardiner, M. M., M.D., Utica, N. Y.
1846. Gardiner, Richard, M.D., 146 N. 20th St., Philadelphia.
1865. Garside, W. B., M.D., 63 Greene Avenue, Brooklyn, N. Y.
1869. Gause, Owen B., M.D., 140 N. 12th St., Philadelphia.
1859. Geary, John F., M.D., 632 Howard St., San Francisco, Cal.
1847. Geist, Christian F., M.D., 361 Columbus Av., Boston.
1859. Gersdorff, E. B. de, M.D., 138 Boylston St., Boston, Mass.
1869. Gifford, Gilbert L., M.D., Hamilton, N. Y.
1872. Gilchrist, J. G., M.D., Tidioute, Pa.
1859. Goedecke, L., M.D., Belle Plaine, Iowa.
1870. Goodman, Ch. H., M.D., St. Louis, Mo.
1867. Goodwin, Thomas S., M.D., Port Richmond, Staten Island, N. Y.
1870. Gordon, George A., M.D., Sandusky City, O.
1869. Gottschalk, Wm. von, M.D., 243 Westminster St., Providence, R. I.

1872. Goucher, E. T., M.D., Alliance, Ohio.
1870. Graham, E. B., M.D., Three Rivers, Mich.
1869. Gramm, Gustavus E., M.D., 1656 Vienna St., Philad'a.
1871. Grant, Benj. F., M.D., Bath, N. Y.
1869. Graves, S. P., M.D., Saco, Me.
1855. Gray, A. W., M.D., Milwaukee, Wis.
1844. Gray, John F., M.D., Fifth Avenue Hotel, New York.
1854. Green, Geo. S., M.D., Hartford, Conn.
1871. Greenleaf, John T., M.D., Owego, N. Y.
1855. Gregg, Rollin R., M.D., 42 S. Division St., Buffalo, N. Y.
1844. Gregg, Samuel, M.D., 35 Howard St., Boston, Mass.
1869. Griffith, J. J., M.D., Manayunk, Philadelphia, Pa.
1869. Groot, S. I., M.D., 344 New York Av., Washington, D. C.
1870. Gross, James E., M.D., 756 Michigan Av., Chicago, Ill.
1872. Gross, Maria M., M.D., 756 Michigan Av., Chicago, Ill.
1848. Guernsey, Egbert, M.D., 18 W. 23d St., New York.
1846. Guernsey, Henry N., M.D., 1423 Chestnut St., Philad'a.
1852. Guernsey, Wm. F., M.D., 4430 Frankford Av., Philad'a.
1857. Guilbert, Edward A., M.D., Dubuque, Iowa.
1869. Guild, Phineas K., M.D., Jamaica Plain, Mass.
1867. Gumpert, B. B., M.D., 840 Franklin St., Philadelphia.
1865. Gunkle, Henry, M.D., Newport, Ky.
1869. Gunter, George W., M.D., Natick, Mass.
1847. Guy, Samuel S., M.D., 94 Greene Av., Brooklyn, N. Y.
1870. Gwynn, Wm. M., M.D., Throopsville, N. Y.
1869. Haeseler, Charles H., M.D., 2009 Arch St., Philadelphia.
1872. Haines, Jas. W., M.D., Waynesville, Ohio.
1865. Hale, Edwin M., M.D., 65 22d St., Chicago, Ill.
1850. Hall, Geo. A., M.D., Riverside, Ill.
1869. Hall, John, M.D., 33 Richmond St., Toronto, Ontario.
1846. Hallock, Lewis, M.D., 34 E. 39th St., New York.
1869. Hamilton, Clark T., M.D., 375 Degraw St., Brooklyn, N. Y.
1871. Hammond, Albert, M.D., Clear Springs, Md.
1852. Hammond, Milton, M.D., 57 N. Paca St., Baltimore, Md.
1865. Haynes, J. R., M.D., Indianapolis, Ind.
1859. Harding, Wm. F., M.D., Greenfield, Mass.
1871. Hardy, James E., M.D., 234 Madison Av., Baltimore.
1857. Harris, Charles Taylor, M.D., Ann Arbor, Mich.
1859. Harris, John T., M.D., Roxbury, Mass.
1866. Hartmann, J., M.D., 413 N. 11th St., St. Louis, Mo.
1865. Hartshorn, D. W., M.D., Cincinnati, Ohio.
1868. Hasbrouck, Stephen, M.D., Dobbs Ferry, N. Y.
1857. Hatch, Philo L., M.D., San José, Cal.

1870. Hawks, Wm. J., M.D., 272 W. Madison St., Chicago, Ill.
1858. Hawley, L. B., M.D., Phœnixville, Pa.
1869. Hawley, William A., M.D., Syracuse, N. Y.
1869. Hayward, Joseph W., M.D., Taunton, Mass.
1870. Heaton, J. G., M.D., Alliance, O.
1867. Hedenberg, James, M.D., Medford, Mass.
1869. Hedges, S. P., M.D., 1060 N. Halstead St., Chicago, Ill.
1846. Helmuth, Wm. S., M.D., 1904 Spruce St., Philadelphia.
1853. Helmuth, Wm. Tod, M.D., 21 W. 37th St., New York.
1867. Hemenway, Horace P., M.D., E. Somerville, Mass.
1846. Hempel, Charles J., M.D., Grand Rapids, Mich.
1844. Hering, Constantine, M.D., 112 N. 12th St., Philadelphia.
1867. Heurtley, R. Walter, M.D., 81 S. Robey St., Chicago, Ill.
1871. Higbee, Albert E., M.D., Red Wing, Minn.
1871. Higbee, Chester G., M.D., St. Paul, Minn.
1867. Hill, Robert L., M.D., Dubuque, Iowa.
1870. Hills, Alfred K., M.D., 20 E. 24th St., New York.
1869. Hiller, Frederick, M.D., San Francisco, Cal.
1847. Hinds, W. H. H., M.D., Milford, N. H.
1869. Hinkley, A. S., M.D., Buffalo, N. Y.
1867. Hinks, E. F., M.D., Marlborough, Mass.
1867. Hitchcock, H.M., M.D., Omaha, Neb.?
1859. Hobson, Joseph V., M.D., Richmond, Va.
1867. Hocking, Wm. F., M.D., Cleveland, O.
1869. Hoffendahl, H. L. H., M.D., 25 Somerset St., Boston, Mass.
1858. Hofman, Ernst F., M.D., 36 E. 30th St., New York.
1854. Hofman, H. H., M.D., 216 Penn Avenue, Pittsburg, Pa.
1870. Holbrook, L. H., M.D., 149 Park Av., Chicago, Ill.
1867. Holcomb, N. Webster, M.D., Farmer's Village, Conn.
1860. Holcombe, Wm. H., M.D., 229 Camp St., New Orleans.
1865. Holland, H. N., M.D., Jeffersonville, Ind.
1869. Holmes, E. B., M.D., Canandaigua, N. Y.
1857. Holt, Aaron P., M.D., Lyndon, Ill.
1846. Holt, Daniel, M.D., Lowell, Mass.
1869. Holt, Edward B., M.D., Chelsea, Mass.
1870. Holt, L. E. B., M.D., Marshalltown, Iowa.
1866. Homer, Horace, M.D., Brooklyn, N. Y.?
1869. Hoppin, Courtland, M.D., Providence, R. I.
1867. Hornby, John, M.D., Poughkeepsie, N. Y.
1858. Hotchkiss, Jesse T., M.D., Cornwall, Orange Co., N. Y.
1859. Houghton, H. A., M.D., Keeseville, N. Y.
1867. Houghton, Henry C., M.D., 50 W. 33d St., New York.
1870. Hoxsie, Augustus C., M.D., Buffalo, N. Y.
1867. Hoyne, Temple S., M.D., 817 Wabash Av., Chicago.

1869. Hoyt, William Henry, M.D., Syracuse, N. Y.
1869. Huebener, O. T., M.D., Litiz, Pa.
1870. Huebenger, Jno. A., M.D., Lockland Station, O.
1867. Hund, H. B., M.D., 128 Forsyth St., New York.
1868. Hunt, David, Jr., M.D., Worcester, Mass.
1867. Hunt, F. W., M.D., 171 E. 62d St., New York.
1867. Hunt, Henry F., M.D., 315 Market St., Camden, N. J.
1865. Hunt, James G., M.D., 100 W. 9th St., Cincinnati, O.
1865. Hunt, W. H., M.D., Covington, Ky.
1871. Hunting, Nelson, M.D., Albany, N. Y.
1869. Huson, Samuel K., M.D., Lawrence, Kansas.
1872. Hutchins, H. S., M.D., Batavia, N. Y.
1853. Hutchinson, J. B., M.D., Madison, Ind.
1867. Ingalls, Frederic W., M.D., Kingston, N. Y.
1871. Iszard, Jacob, M.D., Glassboro, N. J.
1871. Jackson, Mercy B., M.D., 681 Tremont St., Boston, Mass.
1868. Jackson, W. M., M.D., Providence, R. I.
1869. Jacobson, Edward H., M.D., Bethlehem, Pa.
1859. James, Bushrod W., M.D., 1821 Green St., Philadelphia.
1846. James, D., M.D., 1013 Green St., Philadelphia.
1846. James, Isaac, M.D., Bustleton, Pa.
1866. James, J. E., M.D., 1013 Green St., Philadelphia.
1869. James, Walter M., M.D., 123 N. 21st St., Philadelphia.
1867. Jayne, De Witt C., M.D., Florida, N. Y.
1844. Jeanes, Jacob, M.D., 521 Vine St., Philadelphia.
1859. Jefferds, George P., M.D., Bangor, Me.
1869. Jernegan, H. Mayhew, M.D., 107 E. 30th St., New York.
1859. Johnson, Daniel A., M.D., 20 Worcester St., Boston, Mass.
1869. Johnson, I. W., M.D., Peoria, Ill.
1860. Johnson, Isaac D., M.D., Kennet Square, Pa.
1870. Johnson, R. B., M.D., Ravenna, O.
1871. Jones, E. Darwin, M.D., Albany, N. Y.
1854. Jones, Elijah U., M.D., Taunton, Mass.
1867. Jones, Henry C., M.D., Mount Vernon, N. Y.
1858. Jones, Joseph E., M.D., West Chester, Pa.
1868. Jones, S. A., M.D., Englewood, N. J.
1870. Jones, Stephen D., M.D., Richmond, Ind.
1867. Jones, William A., M.D., Lyndborough, N. H.
1853. Joslin, Benj. F., M.D., 50 W. 29th St., New York.
1871. Karsner, Charles, M.D., 4845 Germantown Av., Phila.
1867. Keep, J. Lester, M.D., 469 Vanderbilt, Av., Brooklyn, N.Y.
1848. Keep, Lester, M.D., cor. Gates and Vanderbilt Avenues, Brooklyn, N. Y.
1869. Keith, Theodore S., M.D., Newton, Mass.
1858. Kellogg, Edwin M., M.D., 29 E. 19th St., New York.

1869. Kennedy, E. H., M.D., Thompson, Carroll Co., Ill.
1872. Kennedy, J. C., M.D., East Birmingham, Pa.
1853. Kenyon, L. M., M.D., 86 W. Mohawk St., Buffalo, N.Y.
1870. Kergan, John D., M.D., Newburg, Mich.
1844. Kimball, David S., M.D., Sackett's Harbor, N. Y.
1870. King, E. H., M.D., Clinton, Iowa.
1869. Kinne, Theodore Y., M.D., Paterson, N. J.
1870. Kippax, John R., M.D., Wheaton, Ill.
1869. Kittinger, Leonard, M.D., Wilmington, Del.
1871. Kneass, Nicholas W., M.D., Baltimore, Md.
1871. Knerr, Calvin B., M.D., 112 N. 12th St., Philadelphia.
1867. Knight, Elam C., M.D., Waterbury, Conn.
1871. Knowles, Wm. K., M.D., Georgetown, Col.
1848. Koch, A. W., M.D., 118 N. 12th St., Philadelphia.
1868. Koch, Richard, M.D., 35 N. 12th St., Philadelphia.
1869. Koch, John W., M.D., Quincy, Ill.
1865. Krebs, Francis H., M.D., 42 Union Park, Boston, Mass.
1867. Kuhn, Carl W., M.D., 59 Bond St., New York.
1869. Kummel, Ernst R., M.D., Milwaukee, Wis.
1872. Lawton, Chas. H., M.D., Wilmington, Del.
1860. Lee, J. K., M.D., 3800 Chestnut St., Philadelphia.
1870. Leland, A. G., M.D., White Water, Wis.
1855. Lewis, George W., M.D., Buffalo, N. Y.
1871. Lewis, Henry M., M.D., Chester, Pa.
1871. Lewis, Richard, M.D., 4550 Frankford Av., Philadelphia, Pa.
1867. Liebold, C. Theo., M.D., 21 W. 30th St., New York.
1872. Liggett, S. S., M.D., Sandusky City, Ohio.
1867. Lilienthal, S., M.D., 230 W. 25th Street, New York.
1870. Linn, William D., M.D., Middletown, Ohio.
1845. Lippe, Adolph., M.D., 1204 Walnut Street, Philada., Pa.
1870. Lippincott, A. B., M.D., Salem, N. J.
1866. Lodge, Edwin A., M.D., 57 Wayne St., Detroit, Mich.
1872. Lodge, Edwin, Jr., M.D., Detroit, Mich.
1868. Loelkes, George, M.D., Belleville, Ill.
1869. Lord, I. S. P., M.D., 95 Madison St., Brooklyn, N. Y.
1869. Loring, Charles P., M.D., 141 High St, Providence, R. I.
1858. Lougee, William H., M.D., Lawrence, Mass.
1869. Lowe, Lewis G., M.D., Bridgewater, Mass.
1868. Ludlam, Edward M. P., M.D., 318 W. Washington St., Chicago, Ill.
1857. Ludlam, Reuben, M.D., 526 Wabash Av., Chicago, Ill.
1872. Lukens, Isaiah, M.D., Newport, Del.
1870. Lungren, Samuel S., M.D., Toledo, Ohio.
1868. Luyties, D. R., M.D., St. Louis, Mo.

1869. McAffee, E. M., M.D., Mt. Carroll, Ill.
1860. McClatchey, R. J., M.D., 918 N. 10th St., Philada., Pa.
1867. McClelland, J. H., M.D., 316 Penn Av., Pittsburg, Pa.
1871. McCollum, Matthew, M.D., Port Chester, N. Y.
1868. Macfarlan, Malcolm, M.D., 1721 Chestnut St., Phila., Pa.
1858. Macfarland, Lafayette, M.D., 2 East Brookline Street, Boston, Mass.
1860. McLeod, G. J., M.D., 3905 Locust St., Philadelphia, Pa.
1870. McLin, George H., M.D., Buchanan, Mich.
1844. McManus, F. R., M.D., 98 Saratoga St., Baltimore, Md.
1866. McMurray, Robert, M.D., 192 Second Av., New York.
1867. McNeil, Daniel, M.D., Hudson City, N. J.
1867. Macomber, Addison P., M.D., Hackensack, N. J.
1844. Mairs, James, M.D., 45 W. 24th Street, New York.
1860. Malin, John, M.D., 4847 Germantown Av., Philadelphia.
1871. Malin, Wm. H., M.D., Philadelphia, Pa.?
1844. Manchester, Charles F., M.D., 49 Main Street, Pawtucket, R. I.
1867. Mandeville, F. B., M.D., Newark, N. J.
1871. Mansfield, William L., M.D., Emporia, Kansas.
1872. Manson, Chas. A., M.D., Springfield, Mass.
1848. Marcy, Erastus E., M.D., 228 Fifth Av., New York.
1868. Marix, Martin Mayer, M.D., Leavenworth, Kansas.
1866. Marsden, J. H., M.D., York Sulphur Springs, Pa.
1869. Marshall, A. V., M.D., West Cornwall, Vt.
1871. Martin, Constantine H., M.D., Allentown, Pa.
1868. Martin, H. N., M.D., 500 N. 18th St., Philadelphia, Pa.
1857. Martin, Jos. Lloyd, M.D., Mt. Vernon Place, Baltimore, Md.
1867. Mason, S. R., M.D., Sheffield, Ill.
1872. Massey, J. B., M.D., Sandusky City, Ohio.
1859. Matthes, G. Felix, M.D., New Bedford, Mass.
1871. Mercer, Robert P., M.D., Chester, Pa.
1869. Merrill, John C., M.D., Portland, Me.
1871. Middleton, Caleb S., 646 N. 10th St., Philadelphia, Pa.
1869. Middleton, Melbourne F., M.D., Camden, N. J.
1871. Miller, Harrison V., M.D., Syracuse, N. Y.
1867. Miller, R. E., M.D., Oxford, N. Y.
1869. Minor, John C., M.D., 10 E. 41st St., New York.
1858. Minton, Henry, M.D., 184 Remsen St., Brooklyn, N. Y.
1868. Mitchell, Geo. B. I., M.D., Fishkill, New York.
1866. Mitchell, John J., M.D., Newburgh, N. Y.
1866. Mitchell, J. S,, M.D., 871 Michigan Av., Chicago, Ill.
1867. Mitchell, J. W., M.D., 26 E. 22d St., New York.

1867. Moffat, Reuben C., M.D., 17 Schermerhorn Street, Brooklyn, N. Y.
1867. Montayne, William D. L., M.D., Rondout, N. Y.
1869. Moore, James Otis, M.D., Haverhill, Mass.
1868. Moore, John, M.D., Liverpool, Eng.
1860. Moore, Joseph, M.D., Bridgeton, N. J.
1860. Moore, Thomas, M.D., 110 Tulpehocken St., Germantown, Philada.
1855. Morgan, A. R., M.D., 103 Fulton Street, New York.
1867. Morgan, John C., M.D., 1700 Chestnut St., Philada., Pa.
1872. Morgan, Laura, M.D., 880 Lexington Av., New York.
1846. Morrill, Alpheus, M.D., Concord, N. H.
1858. Morrill, Ezekiel, M.D., Salem, Mass.
1867. Morrill, Henry B., M.D., 17 Harrison Av., Boston, Mass.
1858. Morrill, Henry E., M.D., 88 Orange St., Brooklyn, N. Y.
1866. Morrill, Shadrach C., M.D., Concord, N. H.
1869. Morse, Martin V. B., M.D., Marblehead, Mass.
1867. Morse, Nathan R., M.D., Salem, Mass.
1872. Morse, Lucius D., M.D., Memphis, Tenn.
1869. Mosman, Nathan A., M.D., Norwalk, Conn.
1869. Mull, P. W., M.D., Ghent, N. Y.
1859. Munde, Charles, M.D., Wurzburg, Germany.
1848. Munger, Erastus A., M.D., Waterville, N. Y.
1867. Munsey, Barton, M.D., 2403 Washington St., St. Louis?
1867. Negendank, Augustus, M.D., Wilmington, Del.
1844. Neidhard, Charles, M.D., 1020 Arch St., Philada., Pa.
1859. Neilson, James C., M.D., Charlestown, Mass.
1871. Neville, William H. H., M.D., 1832 Coates St., Philada.
1872. Newell, Wm. H., M.D., Jersey City, N. J.
1868. Nibelung, Charles H., M.D., St. Louis, Mo.
1872. Nichol, Thomas, M.D., Montreal, D. of Canada.
1867. Nichols, Frank, M.D., Hoboken, N. J.
1859. Nichols, Lemuel B., M.D., Worcester, Mass.
1848. Norton, Lucian H., M.D., Bridgeport, Conn.
1872. Norton, Geo. S., M.D., Ophthalmic Hospital, New York.
1869. Nott, Eliphalet, M.D., 22 Jefferson St., Brooklyn, N. Y.
1870. Nottingham, John, M.D., Paterson, N. J.
1867. Nute, T. Riker, M.D., Chicago, Ill.?
1857. Ober, L. E., M.D., La Crosse, Wis.
1872. Ockford Geo. M., M.D., Hackensack, N. J.
1870. Ordway, L. S., M.D., Freeport, Ill.
1859. Orme, F. H., M.D., Atlanta, Ga.
1856. Ormes, Cornelius, M.D., Jamestown, N. Y.
1867. Osborne, James H., M.D., Southington, Conn.
1872. Owen, Ira C., M.D., Sherburne, N. Y.

1865. Owens, William, M.D., 7th St., cor. John, Cincinnati, O.
1872. Owens, Jas. B., M.D., Lebanon, Ohio.
1868. Packard, Liberty D., M.D., 538 Broadway, South Boston, Mass.
1869. Packer, David, M.D., Chelsea, Mass.
1869. Packer, Edmund H., M.D., Lowell, Mass.
1869. Page, Moses F., M.D., Appleton, Wis.
1844. Paine, Henry D., M.D., 227 Fifth Av., New York.
1850. Paine, Horace M., M.D., 104 State St., Albany, N. Y.
1853. Paine, Joseph P., M.D., 86 Dudley St., Boston, Mass.
1869. Palmer, George B., M.D., East Hamilton, N. Y.
1856. Palmer, Frederick N., M.D., 37 Pinckney St., Boston, Mass.
1848. Palmer, Miles W., M.D., 235 E. 18th St., New York.
1871. Parker, George W., M.D., 1841 S. 2d St., Philada., Pa.
1853. Parkes, John M., M.D., Hamilton, Ohio.
1869. Parsell, George H., M.D., Weedsport, N. Y.
1870. Parsons, Ephraim, M.D., Kewanee, Ill.
1868. Parsons, Scott B., M.D., St. Louis, Mo.
1870. Patchen, T. J., M.D., Fond du Lac, Wis.
1867. Payne, Frederick W., M.D., 27 Concord Sq., Boston.
1860. Payne, James H., M.D., 1262 Washington St., Boston, Mass.
1844. Payne, William E., M.D., Bath, Me.
1867. Pearsall, S. J., M.D., Saratoga Springs, N. Y.
1867. Pearson, Clement, M.D., Mt. Pleasant, Iowa.
1868. Pease, Giles M., M.D., 9 Hanson St., Boston, Mass.
1868. Peck, Edwin H., M.D., Cleveland, O.
1871. Peck, Oliver J., M.D., N. Chatham, N. Y.
1872. Peer, Geo. W., M.D., Rochester, N. Y.
1870. Pennoyer, N. A., M.D., Kenosha, Wis.
1858. Perrine, W. L. R., M.D., 83 Montague St., Brooklyn, N. Y.
1871. Pettingill, Sarah B., M.D., 300 N. Tenth St., Philadelphia, Pa.
1872. Pettingill, Eliza F., M.D., 300 N. Tenth St., Philada., Pa.
1871. Pfeiffer, George S. F., M.D., Camden, N. J.
1871. Pfouts, John S., M.D., Wilkesbarre, Pa.
1867. Phillips, Albert William, M.D., Birmingham, Conn.
1871. Phillips, Edward H., M.D., Cape May, N. J.
1869. Pierce, Levi, M.D., Everett, Mass.
1870. Piersons, A. Manly, M.D., 30 E. 127th St., New York.
1854. Pomeroy, Thomas F., M.D., Congress St., Detroit, Mich.
1847. Poole, Augustus, M.D., 232 W. 1st St., Oswego, N. Y.
1871. Poppe, Otto B., M.D, Crown Point, Ind.

1870. Porter, Edward, M.D., Clinton, Ill.
1867. Poulson, P. W., M.D., Council Bluffs, Iowa.
1871. Powell, H., M.D., 128 East Broadway, New York.
1867. Pratt, Leonard, M.D., Wheaton, Ill.
1859. Pratt, L. M., M.D., corner Columbia and Pearl Sts., Albany, N. Y.
1867. Pratt, William M., M.D., 278 East Broadway, N. Y.
1870. Prentice, Nathan F., M.D., Freeport, Ill.
1866. Preston, Coates, M.D., Chester, Pa.
1871. Preston, Henry G., M.D., Albany, N. Y.
1871. Preston, Mahlon, M.D., Norristown, Pa.
1867. Price, Elias C., M.D., 110 N. Eutaw St., Baltimore, Md.
1858. Pulsifer, M. R., M.D., Ellsworth, Me.
1858. Pulsifer, N. G. H., M.D., Waterville, Me.
1844. Pulte, Joseph H., M.D., 293 Walnut St., Cincinnati, O.
1872. Quick, Theodore, M.D., 155 E. 127th St., New York.
1854. Randel, Wm. H., M.D., 1 Clinton Place, Albany, N. Y.
1869. Raue, Charles G., M.D., 121 N. 10th St., Philada., Pa.
1848. Raymond, Jonas C., M.D., 248 Genesee St., Utica, N. Y.
1869. Read, Herbert H., M.D., Windsor, Nova Scotia.
1870. Read, James S., M.D., St. Louis, Mo.?
1860. Reading, Edward, M.D., Hatboro, Pa.
1848. Reading, J. R., M.D., Somerton, Pa.
1860. Reed, Jacob, Jr., M.D., 1607 Girard Av., Philadelphia.
1857. Reed, William A., M.D., 123 N. 11th St., Philadelphia.
1870. Reinhold, H. E., M.D., Williamsport, Pa.
1869. Reud, William R., M.D., 105 E. 28th St., N. Y.
1869. Reynolds, Herbert, M.D., Bridesburg, Pa.
1869. Reynolds, Porter L. F., M.D., Albany, N. Y.
1870. Reynolds, Wm. B., M.D., Carlisle, Pa.
1871. Ricardo, Norton C., M.D., Passaic, N. J.
1869. Richards, George W., M.D., Orange, N. J.
1847. Richardson, Edw. T., M.D., 141 Montague St., Brooklyn, N. Y.
1872. Richardson, B. M., M.D., 127 Noble St., Brooklyn, N. Y.
1869. Ring, Allen Mott, M.D., 126 Germain St., St. John, N. B.
1869. Robinson, Charles F., M.D., 83 Saratoga St., E. Boston, Mass.
1866. Robinson, S. A., M.D., Laporte, Ind.
1872. Robinson, Henry D., M.D., New Brunswick, N. J.
1872. Robinson, J. Blake, M.D., Ophthalmic Hospital, N. Y.
1869. Rockwith, Frank A., M.D., 942 Broad St., Newark, N. J.
1849. Rodman, William W., M.D., New Haven, Conn.
1869. Rorabacher, Miles, M.D., Litchfield, Mich.
1872. Roseberry, Chas. J., M.D., Easton, Pa.

1858. Rosman, John G., M.D., 70 Pierrepont St., Brooklyn, N.Y.
1866. Rousseau, L. M., M.D., 294 Penn Av., Pittsburg, Pa.
1872. Rowsey, Wm. Thos., M.D., Toledo, Ohio.
1869. Runner, Reuben C., M.D., Chillicothe, Mo.
1865. Rush, R. B., M.D., 120 Main St., Salem, O.
1848. Russell, George, M.D., 14 Lynde St., Boston, Mass.
1872. Safford, Mary J., M.D., Chicago, Ill.
1869. Sage, William H., M.D., Unionville, Conn.
1860. Sanders, John C., M.D., Cleveland, Ohio.
1859. Sanders, Orren S., M.D., 511 Columbus Av., Boston, Mass.
1867. Sanford, Charles E., M.D., Bridgeport, Conn.
1869. Sanford, E. W., M.D., Brookline, Mass.
1869. Sanger, Thaddeus E., M.D., Littleton, N. H.
1871. Sargent, Rufus, M.D., 1609 Mt. Vernon St., Philad'a.
1871. Sartain, Harriet J., M.D., 210 Franklin St., Philad'a.
1867. Sawin, Isaac W., M.D., Providence, R. I.
1869. Sawtelle, George B., M.D., Malden, Mass.
1847. Sawyer, B. E., M.D., Haverhill, Mass.
1870. Savage, Jas. W., M.D., Wiscasset, Me.
1867. Scales, Edward P., M.D., Newton, Mass.
1859. Scales, Thomas S., M.D., Woburn, Mass.
1844. Schmidt, J., M.D., 96 Eutaw St., Baltimore, Md.
1868. Schneider, N., M.D., Cleveland, Ohio.
1871. Scott, James L., M.D., Coatesville, Pa.
1872. Scott, Chester W., M.D., Lawrence, Mass.
1872. Scott, Emma, M.D., New York City.
1869. Seeger, Ferdinand, M.D., 157 E. 56th St., New York.
1867. Seeley, N. R., M.D., Elmira, N. Y.
1868. Seidlitz, George N., M.D., Keokuk, Iowa.
1869. Seip, C. P., M.D., Pittsburg, Pa.
1867. Seymour, D. E., M.D., Calais, Me.
1847. Shackford, Rufus, M.D., Portland, Me.
1867. Shaffer, Levi, M.D., Kingston, N. Y.
1859. Shattuck, Alvin, M.D., 79 S. Division St., Buffalo, N. Y.
1867. Shattuck, Henry P., M.D., 645 Washington St., Boston, Mass.
1867. Shearer, Thomas, M.D., 97 N. Charles St., Baltimore, Md.
1866. Sheffield, H., M.D., 21 S. Vine St., Nashville, Tenn.
1870. Sheldon, J. W., M.D., Syracuse, N. Y.
1846. Shepard, A., M.D., Glendale, Ohio.
1871. Shepherd, Jas. S., M.D., Petaluma, Cal.
1859. Sherman, John H., M.D., Lynn, Mass.
1857. Shipman, George E., M.D., 17 N. Peoria St., Chicago.
1871. Shivers, Bowman H., M.D., Haddonfield, N. J.
1871. Shreve, Joseph, M.D., Haddonfield, N. J.

1854. Sisson, Edward R., M.D., New Bedford, Mass.
1867. Sisson, William H. H., M.D., Omaha, Neb.
1848. Skiff, Charles H., M.D., New Haven, Conn.
1869. Skiff, Paul C., M.D., New Haven, Conn.
1853. Skiles, F. W., M.D., 76 Clinton St., Brooklyn, N. Y.
1867. Sloan, Henry S., M.D., Binghamton, N. Y.
1869. Slocomb, C. C., M.D., Millbury, Mass.
1846. Small, Alvin E., M.D., 583 Wabash Av., Chicago, Ill.
1868. Small, Alvin E., Jr., M.D., Lincoln, Ill.
1868. Small, Henry N., M.D., 275 W. Monroe St., Chicago, Ill.
1866. Smedley, Robert C., M.D., West Chester, Pa.
1869. Smith, Amos B., M.D., Geneva, N. Y.
1848. Smith, D. S., M.D., 402 Michigan Av., Chicago, Ill.
1869. Smith, Ezra P. K., M.D., Auburn, N. Y.
1870. Smith, Franklin B., M.D., Corunna, Mich.
1860. Smith, Henry M., M.D., 107 Fourth Avenue, New York.
1869. Smith, J. Heber, M.D., Melrose, Mass.
1870. Smith, J. T. S., M.D., 107 Fourth Avenue, New York.
1869. Smith, St. Clair, M.D., 3 E. 33d St., New York.
1869. Smith, Stebbins A., M.D., St. Albans, Vt.
1860. Smith, Thomas F., M.D., 62 E. 128th St., New York.
1871. Smith, T. Hart, M.D., 805 N. 10th St., Philadelphia, Pa.
1867. Sommer, G. J. M., M.D., East New York.
1867. Sonnenschmidt, C. W., M.D., Washington, D. C.
1869. Sook, Henry L., M.D., Newark, O.
1871. Southwick, Augustus B., M.D., Rome, N. Y.
1868. Southwick, D. E., M.D., Ogdensburg, N. Y.
1869. Spalding, Henry E., M.D., Hingham, Mass.
1859. Sparhawk George E. E., M.D., Gaysville, Vt.
1850. Springsteed, David, M.D., 72 Hudson St., Albany, N. Y.
1868. Squier, A. F., M.D., 5 Davis St., Boston, Mass.
1869. Stearns, George W., M.D., New Bedford, Mass.
1869. Stebbins, James H., M.D., Geneva, N. Y.
1870. Steele, J. A., M.D., Dixon, Ill.
1870. Stephenson, H. C., M.D., Lowell, Mich.?
1846. Stevens, C. A., M.D., Scranton, Pa.
1852. Stevenson, T. Collins, M.D., Carlisle, Pa.
1871. Stiles, James E., M.D., Lambertville, N. J.
1858. Stone, Henry E., M.D., Fairhaven, Conn.
1871. Stouffer, David R., M.D., Chambersburg, Pa.
1869. Stow, T. Dwight, M.D., Fall River, Mass.
1870. Streeter, J. W., M.D., 71 37th St., Chicago, Ill.
1871. Streets, Jacob G., M.D., Bridgeton, N. J.
1869. Strong, O. G., M.D., Canton, Ill.?
1870. Stout, H. R., M.D., 264 W. Washington St., Chicago, Ill.

1865. Sumner, Charles, M.D., 16 S. Clinton St., Rochester, N.Y.
1867. Swan, Samuel, M.D., 13 W. 38th St., New York.
1844. Swazey, George W., M.D., Springfield, Mass.
1867. Swift, Solomon E., M.D., Colchester, Conn.
1869. Swits, Harman, M.D., Schenectady, N. Y.
1848. Taft, Charles A., M.D., Hartford, Conn.
1853. Talbot, I. T., M.D., 31 Mt. Vernon St., Boston, Mass.
1872. Talmage, John F., M.D., 155 Joralemon St., Brooklyn, N. Y.
1871. Tantum, Jos. R., M.D., Wilmington, Del.
1869. Taylor, Charles W., M.D., Newtonville, Mass.
1868. Temple, John T., M.D., St. Louis, Mo.
1847. Thayer, David, M.D., 58 Beach St., Boston, Mass.
1869. Thayer, S. B., M.D., Battle Creek, Mich.
1869. Thomas, Amos R., M.D., 937 Spruce St., Philadelphia.
1860. Thomas, E. B., M.D., 119 W. 9th St., Cincinnati, O.
1871. Thomas, Wm. W., M.D., Wilmington, Del.
1867. Thompson, John H., M.D., 36 E. 30th St., New York.
1859. Thompson, W. L., M.D., Augusta, Me.
1867. Thompson, Virgil, M.D., 234 W. 11th St., New York.
1872. Tibbles, Geo. N., M.D., Jersey City, N. J.
1867. Tompkins, Silas B., M.D., 884 Broad St., Newark, N. J.
1860. Toothaker, C. E., M.D., 638 N. 17th St., Philadelphia.
1866. Townsend, E. W., M.D., Greensburg, Pa.
1860. Trites, David T., M.D., 4323 Main St., Manayunk, Pa.
1869. Trites, William Budd, M.D., 4323 Main St., Manayunk, Philadelphia.
1870. Trott, S. E., M.D., Wilmington, Ill.
1869. Tucker, Henry, M.D., Claremont, N. H.
1871. Tuller, Emory R., M.D., Vineland, N. J.
1870. Van Liew, F. H., M.D., Aurora, Ill.
1870. Van Norman, H. B., M.D., Cleveland, O.
1868. Vastine, Charles, M.D., St. Louis, Mo.
1866. Verdi, Ciro S., M.D., New Brunswick, N. J.
1858. Verdi, Tullio S., M.D., 268 G St., Washington, D. C.
1869. Viets, E. W., M.D., Lock Haven, Pa.
1871. Vincent, Frank L., M.D., Troy, N. Y.
1871. Von Tagen, Charles H., M.D., Cleveland, O.
1867. Wadsworth, T. D., M.D., 970 W. Madison St., Chicago, Ill.
1854. Walker, Charles H., M.D., Chelsea, Mass.
1869. Walker, Mahlon M., M.D., 5262 Germantown Av., Phila.
1870. Wales, R. P., M.D., Lenark, Ill.
1865. Wallace, M. W., M.D., Alleghany City, Pa.
1869. Wallens, Miles W., M.D., Somerville, N. J.
1872. Walter, Ziba D., M.D., Marietta, Ohio.

1844. Ward, Isaac M., M.D., Newark, N. J.
1856. Ward, John A., M.D., 39 E. 19th St., New York.
1857. Ward, Joseph B., M.D., Brooklyn, E. D., N. Y.
1844. Ward, Walter, M.D., Mount Holly, N. J.
1872. Ward, Jas. H., M.D., Brooklyn, N. Y.
1869. Ware, William G., M.D., East Dedham, Mass.
1848. Warner, Lewis T., M.D., 39 E. 19th St., New York.
1872. Warren, John K., M.D., Palmer, Mass.
1854. Watson, William H., M.D., 270 Genesee St., Utica, N. Y.
1867. Webb, E. Cook, M.D., Orange, N. J.
1865. Webster, W., M.D., 127 Main St., Dayton, O.
1869. Weeks, Lorrain T., M.D., Laconia, N. H.
1844. Weld, C. M., M.D., Norfolk House, Boston Highlands, Mass.
1848. Wells, Lucien B., M.D., 225 Genesee St., Utica, N. Y.
1844. Wells, P. P., M.D., 84 Clinton St., Brooklyn, N. Y.
1871. Wentworth, Walter H., M.D., Pittsfield, Mass.
1866. Werder, Max J., M.D., San Francisco, Cal.
1859. Wesselhoeft, Conrad, M.D., 302 Columbus Av., Boston, Mass.
1869. Wesselhoeft, George P., M.D., Brookline, Mass.
1859. Wesselhoeft, Wm. P., M.D., 52 Boylston St., Boston, Mass.
1869. West, Benjamin H., M.D., Neponset, Mass.
1858. West, Edwin, M.D., 42 W. Washington Pl., New York.
1866. Wetmore, John M., M.D., 278 Fourth Av., New York.
1867. Wheeler, Alexander W., M.D., Cleveland, O.
1870. White, C. C., M.D., Columbus, O.
1867. White, J. Ralsey, M.D., 228 E. 124th St., New York.
1869. White, Joseph N., M.D., Amsterdam, N. Y.
1860. White, Theodore C., M.D., 16 S. Clinton St., Rochester, N. Y.
1867. White, W. Hanford, M.D., 228 Fifth Av., New York.
1869. Whiting, Lewis, M.D., Danvers, Mass.
1868. Whiting, Samuel C., M.D., Vincennes, Ind.
1869. Whittaker, E. B., M.D., Gaysville, Vt.
1869. Whittier, Daniel B., M.D., Fitchburg, Mass.
1870. Whittington, James J., M.D., Windsor, N. J.
1867. Whittle, James Peterson, M.D., Weare, N. H.
1847. Whittle, Joshua F., M.D., Nashua, N. H.
1867. Wilbur, C. A., M.D., 383 W. Madison St., Chicago, Ill.
1859. Wild, Edward A., M.D., Austin, Nevada.
1854. Wilder, Daniel, M.D., New Bedford, Mass.
1855. Wilder, Louis de V., M.D., Hartford, Conn.
1853. Wilkinson, Ross M., M.D., 97 E. State St., Trenton, N. J.
1869. Willard, Ephraim S., M.D., 4 Garland St., Boston, Mass.

1867. Willard, L. H., M.D., Alleghany City, Pa.
1869. Willis, L. Murray, M.D., E. Charlestown, Mass.
1871. Williams, Thomas C., M.D., 567 N. 5th St., Philadelphia.
1857. Williamson, Walter M., M.D., 11th and Filbert Sts., Phila.
1872. Williamson, Matthew S., M.D., 11th and Filbert Sts., Philadelphia, Pa.
1859. Wilson, G. H., M.D., West Meriden, Conn.
1865. Wilson, T. P., M.D., Cleveland, O.
1869. Wiltbank, C. J., M.D., 2132 Pine St., Philadelphia.
1872. Winslow, Caroline B., M.D., Washington, D. C.
1854. Wood, J. B., M.D., West Chester, Pa.
1860. Wood, O. S., M.D., Omaha, Neb.
1859. Woodbury, J. H., M.D., 58 Temple St., Boston, Mass.
1870. Woodbury, William H., M.D., 201 W. Washington St., Chicago, Ill.
1865. Woodhouse, Charles, M.D., Rutland, Vt.
1857. Woodruff, Francis, M.D., Ann Arbor, Mich.
1868. Woods, J. U., M.D., Holyoke, Mass.
1868. Woodvine, Denton G., M.D., 739 Tremont St., Boston, Mass.
1870. Woodward, Alfred W., M.D., S. W. cor. Wood St. and Warren Av., Chicago, Ill.
1869. Woodward, A. M., M.D., 50 W. 29th St., New York.
1869. Worcester, Edward, M.D., Waltham, Mass.
1870. Worcester, Samuel H., M.D., Salem, Mass.
1872. Worcester, Samuel, M.D., Burlington, Vt.
1870. Worley, P. H., M.D., Davenport, Iowa.
1870. Worthington, A. F., M.D., Cincinnati, O.
1869. Wright, A. R., M.D., 162 Pearl St., Buffalo, N. Y.
1858. Wright, Albert, M.D., 1 Bedford Av., Brooklyn, E. D., N. Y.
1867. Wright, Wm., M.D., 96 5th St., Brooklyn, E. D., N. Y.
1858. Youlin, John J., M.D., 130 Grove St., Jersey City, N. J.
1867. Zantzinger, Alfred, M.D., 300 S. 10th St., Philadelphia.

APPENDIX

TO THE

PROCEEDINGS OF THE TWENTY-FIFTH SESSION.

THE FESTIVITIES.

THE twenty-fifth session of the American Institute of Homœopathy, in addition to the interest which attached to the business sessions, was made memorable by the several festive occasions to which the members and ladies accompanying them were invited. In justice to the Committee of Arrangements, and to the members of the Institute who enjoyed the pleasures the committee had provided, a brief account is given of these several gratifying occasions.

THE PRELIMINARY MEETING

was held by invitation of Dr. T. S. Verdi at his residence in G Street, on Monday evening, May 20th. Dr. and Mrs. Verdi received their guests, the members of the Institute and their ladies, and welcomed them to the Capital. At a suitable hour the dining-room was thrown open and the assemblage partook of a bounteous supply of choice refreshments. Music lent its charms to the pleasures of the evening, which was a very enjoyable one. The presence of Governor Henry D. Cooke and Mrs. Cooke, a number of Congressmen and other dignitaries, made the occasion yet more agreeable.

PRESIDENT GRANT'S RECEPTION.

On Wednesday morning, at 9.45 o'clock, the members of the Institute, and ladies, assembled at the Arlington Hotel, and from thence proceeded to the White House. They were ushered into the East Room to await the coming of the President, who shortly made his appearance.

DR. VERDI introduced Dr. Talbot to the President, whom Dr. Talbot addressed as follows:

MR. PRESIDENT: We have assembled in this city from the different parts of the Union, and we pay our respects to you as members of the American Institute of Homœopathy. We represent a large class in the medical profession and in the community, who deem the practice of medicine in accordance with the homœopathic law a great advance in the healing art. We have a small but steadily increasing number, and under your administration we have received the first recognition of our equal professional rights. For these and many other acts of courtesy and justice, we, alike as physicians and citizens, tender to you our heartfelt thanks.

PRESIDENT GRANT replied as follows:

I am very thankful to you for your kindness, and also to all the members of your profession. Of course I cannot decide about medical theories, but recognize the fact that, in a republican government, every theory has a right to a fair examination, and that we may learn more in the future, and may find something that is better than that which we have had in the past. I return thanks for this visit.

The visitors then availed themselves of the opportunity to shake hands with the President; and afterwards strolled through the mansion and grounds.

EXCURSION ON THE POTOMAC.

At 4 o'clock P.M. of the same day, the members of the Institute and ladies embarked on the steamboat Lady of the Lake, for a sail on the broad Potomac and a visit to Mount Vernon. This trip had been looked forward to by many with anticipations of great pleasure, but the lowering appearance of the sky indicated that a storm would most likely mar the pleasures of the occasion. And this proved to be more than a threat, for just as Mount Vernon was being approached the storm broke with great fury, and a deluging rain fell for some time. It was impossible to land at Mount Vernon, but a view of the spot was obtained as the boat slowly drifted by; the bell tolling, and the band playing a solemn dirge the while. On reaching shore again, the party hied to their several hotels in a somewhat draggled condition; but those who witnessed the sight were amply repaid for the discomfort to which they had been subjected, by the appearance of a magnificent rainbow, which spanned the heavens, over the Capitol; that magnificent building standing out in bold relief after the rain, its dazzling whiteness in marked contrast with,

and beautified by the crown of glory that arched over its massive dome.

GOVERNOR HENRY D. COOKE'S RECEPTION.

No choicer compliment has ever been paid the American Institute of Homœopathy, since its organization, than is implicated in the reception given by Governor Henry D. Cooke and Mrs. Cooke, at their mansion in Georgetown, on Thursday evening, May 23d. At the appointed hour the members of the Institute, with the ladies accompanying them, began to assemble at the Governor's residence. Perhaps there were anticipations of stiffness and formality in the minds of some of the guests, engendered by experiences of former occasions; but if such thoughts had found lodgment in the minds of any, they were speedily dissipated by the hearty kindliness of the host, and the winning politeness of the hostess, who presented in the highest degree the true type of genial American hospitality. Each new arrival thus at once put at ease, and made to feel that he or she was personally welcome and "at home," the gay throng were soon engaged in animated conversation, or strolled through the many apartments, which gave evidence of refined and cultured taste at every step, examining the works of art and objects of *vertu* with which they were replete. A banquet, too, was provided, of which the *cuisine* was simply perfect, and which was partaken of with great enjoyment by all present. The absence of all intoxicating beverages added to the pleasure of the occasion.

Toward the close of the evening a number of sentiments were proposed by Dr. T. S. Verdi, as follows:

"The District of Columbia: the heart of the Republic. Our national organization has fitly found a welcome here."

The President of the Institute, DR. I. T. TALBOT responded, as follows:

I suppose you are all well acquainted with the expression, "too full for utterance." That, I supposed, was my condition, but on hearing myself called upon to respond to a toast to the District of Columbia, and after the experience of a few days here, I cannot fail to speak a few words in response. I must say to your Excellency, the Governor of this District, on behalf of the American Institute of Homœopathy, and on my own behalf, that our stay here has given us nothing but pleasure from the first moment of our arrival until now. We have been everywhere met with the kindest attentions, and have been made to feel "at home."

I cannot help making a comparison between this gathering of the Institute at Washington and that which took place fifteen years ago. Then the few members of the Institute waded

through the mud in the streets to their place of meeting. Now the many members pass along through the magnificent streets and avenues to the beautiful hall which takes its name from our martyred President. The contrast is not greater between our numbers then and now, than between the city of Washington then and now, thanks to your most admirable management. Our ways were difficult then, and so were the ways of Washington. Our Transactions were small then, and so were the transactions of this city. But as we have grown through the support of a large number of physicians, so has this city grown through the support of the nation, and guided more particularly by yourself.

For the kindness your citizens have extended to us, we thank them; and for the kindness and hospitality you have extended to us, we thank you. We shall go away to our homes, carrying with us the kindliest thoughts of you, of the citizens of Washington, and of the government under which we live.

GOVERNOR HENRY D. COOKE replied as follows:

LADIES AND GENTLEMEN: I am unexpectedly called upon to speak, but I return you my sincere thanks for your kindly thoughts and good wishes, as expressed by your President, for the citizens of Washington and myself.

In the good work we have undertaken for this city, as citizens of Washington, we purpose to continue, and I hope you will come back and see us when we have completed this work. This capital should be the gathering place not only of associations like yours, but of all associations and organizations desiring to advance the social, moral, intellectual, religious, or political condition of mankind. It should be neutral ground, where all could meet and find a welcome. It should be a gathering-place for the whole American people, and I trust that, under the blessing of God, the time is not far distant when it will be. I shall always be ready to grasp the hands of those who come, in a friendly grasp, whether from North or South, from East or West.

The next toast proposed was:

"In certis unitas, in dubiis libertas, in omnibus charitas."

DR. J. P. DAKE responded. He said: I confess myself unable to do justice to this sentiment. *In certis unitas:* This is a grand suggestion, and especially so to such an assemblage as this. There are certain facts and principles that are established, and we are told that regarding these we should be united. I may be allowed to say that in medicine, in the art of healing, there are certain facts and principles that are settled as such and beyond dispute, they are certainties, and upon them we should all be united, regardless of creeds or names. *In dubiis libertas:* Another

notable motto. There are things which are not yet made certain, notwithstanding all our experience and all our investigation. About such things there should be liberty of sentiment and belief. We should all accord to each other the fullest and freest liberty in regard to all these points. *In omnibus charitas:* This is the crowning glory of the entire sentiment—in all things charity. May our experience lead us, under all circumstances, to exercise this sublime quality, charity, that we may extend to each other kindly feelings and regard each other as friends, no matter how we may differ as to creeds or doctrine! I see some gentlemen here from whom I should be glad to hear a word. I would call upon Dr. Bliss.

DR. VERDI: Dr. Bliss says he prefers to hear Dr. Cox, and Dr. Cox says, in response to that, he prefers to hear Dr. Bliss.

DR. BLISS: Both of us prefer to hear some one else.

DR. VERDI: I call upon Dr. Cox to respond to the toast

"Medicine as a liberal science."

DR. C. C. COX, of Washington, D. C., President of the Board of Health of the District, after a somewhat humorous introductory, spoke as follows:

It is not necessary to assure you, gentlemen, how sensibly I feel all the kind expressions I have heard here to-night, and on prior occasions since your Institute has been in session. Excluded, as I have been to some extent, by that class with whom my sympathies and hopes and ideas have been identified for so many years, I find myself to-night a stranger amid those who, by the regular profession, have been placed beyond the pale of professional, and, I was about to say, almost of social civility and courtesy, and yet the recipient of courtesies and of hospitality denied, to some extent, by my professional household. I need not say to you that I do not feel degraded by the company in which I find myself, but, on the contrary, I will assert that I feel myself honored. I do not feel that, in meeting with this intelligent body of co-operators and co-laborers in the cause of science, I am violating any just principle of ethics or etiquette, but rather obeying the dictates of common sense and common justice and common humanity, and upholding the balance between man and man.

The sentiment to which I find myself called upon to respond is, *Medicine as a Liberal Science.* Sometimes the very best method of illustrating a subject is to exemplify by something not exactly in accordance with the principle involved; and thus I shall attempt to illustrate the liberalism not so much of medical science as of medical men. You will doubtless all recollect, if you have read the newspapers of the country, and most of you are doubtless familiar with the fact, that I stand proscribed by

that branch of the profession to which I belong in this city, because I dared to take a seat at the Board of Health, a member of which board was a homœopathic physician.

The story is a simple one, and soon told. On the 3d of April, 1871, I was tendered the appointment of membership of the Board of Health of the District by the President of the United States, which appointment was subsequently confirmed by the Senate. The Board of Health at that time consisted of two physicians and three laymen; of the physicians, one, Dr. T. S. Verdi, whose qualities as a gentleman of refined culture and ability are known to you all, was a homœopathist. I should as soon have thought of being called to account for associating with him in a church vestry or as a member of the Board of Trustees of Public Schools, or for living near him, as for engaging with him in the performance of a public duty so important as the one to which we were accredited. Nor could I think that I was violating any principle of any code of ethics, or injuring any medical man in the country, or in the slightest degree breaking the obligations due by me to that profession which I had always honored, and whose honor I had scrupulously guarded throughout my professional life. But the proscription did not end with me alone; for, like a leper of old, I was to be put aside, and every man was cautioned to avoid approaching me, lest he should become contaminated. An eminent physician of this District, Dr. D. W. Bliss, who is present with us to-night, invited me to consult with him during the illness of our beloved Vice-President Colfax, and for so doing he was expelled from the Association which refused me admission because I served upon the Board of Health with Dr. Verdi. (Cries of Shame! shame!) He was expelled from this Society and made a professional criminal of, because he dared to consult with one who dared to assist a homœopathic fellow-citizen in obeying the behests of the Government which he had pledged himself to support, and engaging in the great and noble work of caring for the public health and preserving public life. Is it any wonder that the press of this country, with the most marked unanimity everywhere, denounced and rebuked this highhanded assumption on the part of the Medical Association of the District of Columbia? The most biting sarcasm of all those uttered by the press of the land on this act, came from an allopathic medical journal published in Philadelphia, and which pronounced it scandalous and simply ridiculous. Neither Dr. Bliss nor myself suffered any material damage, nor are we conscious of having lost any measure of public respect or public confidence, in consequence of this great bull of excommunication issued.

This matter was brought to the notice of, and words were uttered against my admission into, the American Medical Association at Philadelphia. I regret it was not in my power to be present at that meeting, so as to have brought up the question and demanded a vote on the issue between the Medical Society and myself, and between Dr. Bliss and the Medical Society. And when the question does come up, I have too much confidence in the sense of propriety, intelligence, and fair dealing of the American Medical Association, to believe that any other result can or will be arrived at than a triumphant vindication of both of us from the slanderous and infamous aspersions heaped upon us by this District Society.

DR. BLISS, interrupting: You have greater confidence in them than I have then.

DR. COX, resuming: I do not intend to discuss here the general principles of medical ethics, but I defy any man to show that the Board of Health has violated in the slightest degree any form or principle of the code of ethics; nor can I perceive how, by any sort of twisting process, the question of therapeutics, which is the only point of difference between the Schools, is in any way involved in any of the questions which come before the Board of Health, or in any of the actions of that Board. In anatomy, physiology, hygiene, surgery, and chemistry, I take it, gentlemen, that you, deriving your knowledge from the same source as ourselves, are quite as learned as we dare to be.

And now, gentlemen, I say proudly, that I stand here to-night an allopathist, endeared to my profession, a member of that old American Medical Association, and one of its ex-Vice-Presidents, and its first representative to the medical societies of Europe; but should the time ever come when the verdict of that Association shall be given against me on the principle involved in my case, I tell you that, as much as I love it, as much as I regard the social connections I have formed in it, I shall go forth from it with the proud consciousness of having done nothing which in any way affected my obligations to my professional brethren, and that my sole cause of offence had been, that I had subserved the cause of humanity and liberal principles, and had chosen to exercise that right of private opinion and private judgment which, by the help of God, I have learned constantly and fearlessly to maintain, and hope to do so until the last hour of my life. The time will never come when I will withhold from any true gentleman, be he allopathic or homœopathic, the amenities and courtesies of life. (Cries of Good! good!) The time will never come when I, as a member of any body engaged in service for the public good, shall stop to inquire whether the man who sits next

to me is a disciple of Galen or of Hahnemann; but I shall, on the contrary, give to him the right hand of fellowship, and vie with him in promoting the public interests committed under God to us to subserve.

You all no doubt agree with me, gentlemen, that it is high time that men engaged in the great mission of healing the sick should cease their wrangling and quarrelling. The work to be done is too great, and the time to do it in is too short, to allow any part of it to be wasted in bickering and strife. We should remember that we live not in the ninth, but in the nineteenth century; we should bear in mind always that medicine is not an exact science, and that it is so far from perfection, that it is simply presumptuous for any one of our class, or for any class, to wrap himself or themselves in the cloak of exclusiveness, and dare to say that he or they are the only defenders of the true science. It is presumption for one class of men—and in this connection I regret to be obliged to allude to the American Medical Association—to say that because one is of a particular color, or believes in the doctrines of Hahnemann, or he or she entertains opinions of their own in regard to the practice of medicine; it is the height of presumption, I say, for any class of men to declare that against such applicants the doors of the temple of science are to be closed, and they are not to be permitted to enter. God gave a measure of intellect to all, and he entitled all to the broadest culture, and the man, or the number of men, or the body, that lifts its hands to prevent this cultivation of the mind, and attempts to repress it in any way, is raising hands against the Maker and Ruler of the Universe.

Now, gentlemen, I fear I have tired your patience.

DR. LUDLAM: Our patients are at home, Doctor.

DR. COX, resuming: I wish to say here, that it is alike the duty of allopaths and homœopaths, as a body of devotees to science, to join together in an effort to break down the barriers of bigotry and prejudice that exist to-day. (Cries of Good! good! and applause.) It is our duty to stand together in the effort to put down exclusiveness. This should be the purpose of every true lover of science, and each one should emulate his neighbor in paying his mite towards the great general store of human knowledge.

"Then let us pray that come it may,
As come it will for a' that,
That sense and worth, o'er a' the earth
May bear the gree, and a' that.
For a' that, and a' that,
It's coming yet, for a' that,
That man to man, the warld o'er,
Shall brothers be for a' that."

DR. VERDI then proposed the following sentiment, and called upon Dr. Ludlam to respond:

"Scientia est potentia."

DR. R. LUDLAM, of Chicago: Just before leaving home I told a lady patient that I was going to Washington. She said, "What upon earth are you going to Washington for?" I quieted her alarm by telling her that I had not been sent to Washington regularly, as some other men are, but that we were going to have a medical convention, and that I was going to attend it. It did not occur to me at that time that if I should reach Washington in safety I should be called upon to make a speech, or I should have hesitated about starting. I do not know why I have been called on, unless it be to furnish a strong contrast to the eloquence we have just heard. If I can serve in this capacity, as a homely person serves to set off the charms of a beautiful woman, I shall be content.

I like the idea of meeting on neutral ground, though it is ground that is generally considered to be a little sterile; yet in this instance it seems to be inclined to fertility. I think it would not be a bad idea to hold a meeting of the Institute here annually, on account of the scientific and social advantages of the place. I have been following the Institute about for a number of years—I speak as an old man—and have noticed a very promising feature, and that is that at each annual gathering there are more ladies with us. Possibly this is because their prospects of membership are better than they have been.

I indorse the sentiment of Governor Cooke that there should be a place where the citizens of the country could come together regardless of creeds or prejudices; where they could meet as men and brethren; where they can be civil to each other. In regard to the sentiment to which I was to speak—I had almost forgotten about it—I think if we were to cultivate scientific pursuits more exclusively we would understand each other better, and have less time for quarrelling over minor issues and side-shows. Truth is truth, even if it be at the bottom of a well; and it is truth, whether you dip it out by the thimbleful or the bucketful.

I had nothing to say when I began, and I shall conclude my remarks by saying in behalf of those who have come here from the West, that we have been delighted with our entertainment and our entertainers, and with the citizens and the city of Washington, and with the Committee of Arrangements, and we are delighted with the great American Institute of Homœopathy. My friend, Dr. Small, a little fellow whom I brought with me from the West, went with us yesterday to the White House, I

suppose because he had an idea there was no chance of his getting there in any other way. While on the route he was accosted by a friend, who happened to be a member of Congress, and who said, speaking of the Institute in procession: "This is a fine body of men, they look like intellectual men and men of scientific culture; they look as if they had never killed anybody." Now you know, ladies and gentlemen, what a member of Congress thinks of us.

In regard to our friends, Drs. Cox and Bliss, I honor them for getting into good company, and I would say to them that if they have any intention of leaving neutral ground they should get on the fence and look around.

The next sentiment proposed was

"Our Hostess;"

which was responded to by Dr. T. P. Wilson, of Cleveland, O.

Dr. Wilson said:

Ladies and Gentlemen: I have never had a liking for "the front." My military aspirations never led me to seek such places of danger. But I am more willing than I am able to answer the call you have just made upon me. You know I have never aspired to the occupancy of "the chair" in your honorable body, and if the duty of standing in this one is anything like what befalls your presiding officer I shall not soon seek for the honor its possession might give.

You have heard how well certain gentlemen can speak who have been well fed. Now you shall hear how poorly a man can speak who has to do it on an empty stomach. Arriving only a moment ago in your midst I was shocked to hear that I was to make a speech. With my usual courage I attempted a masterly retreat toward the dining-room but found the door completely blockaded by ladies. Of course it was for their interest to keep me here provided I could fitly represent the noble lady—"Our Hostess"—who stands here this evening as the worthy representative of their sex. After I shall have finished you will hardly know which most to commiserate, my failure or their discomfiture. But let me assure you that in more ways than one, I am quite unfitted for discharging the duties you have laid upon me. My testimony in the case will inevitably be biased. I am known to you all as a distinguished ladies' man. My regard for them is such that I can see only the angelic side of their nature; and when I consider the least and lowliest of the gentler sex, it is always with a prejudgment in their favor. I am here, I presume, as an offset to some of the gentlemen who have preceded me. One has spoken to you from the East, one from the

South, and one from the West. Now I represent the central section of the country. I don't represent a little village half burnt up, like my friend from Chicago, but the great State of Ohio. And this leads me to say that his Excellency, the Governor of the District of Columbia, whose most excellent wife—"Our Hostess"—we are now toasting, was originally an Ohio boy. And we are proud of him as representing in his personal and official character the "Buckeye State." And the harmony and success of our Convention, contrasting favorably as they do with the want of harmony and lack of success of other conventions of a similar nature, must be due to the presiding genius of the District, to the fact that we have been a well-governed and therefore orderly crowd. And as complimentary to "Our Hostess," I may venture to add that the presence of ladies observed so constantly in our meetings, has done much to preserve order and quiet and render pleasant our daily sessions.

I was just saying that, among the many other good things that the State of Ohio has produced is his Excellency, Governor Cooke. You can hardly tell where such a cosmopolitan man as the Governor—a man who in some sense belongs to all the country—I say you can hardly tell where such a man might catch his wife. But I will assume that "Our Hostess" is also a product of Ohio soil. O, those Ohio girls, I wish I could do them justice. Words fail me to speak of their intrinsic worth. I will say this much for them: they make most incomparable wives. Happy the man who is the happy possessor of one of them. I don't hesitate to say that the man who is so fortunate as to catch an Ohio girl for a wife, will certainly amount to something. He will be pretty sure to become a governor—or a doctor. For instance look at me as a case in point. Don't I look like a well-governed man? No, no, I did not mean to say that, but now the cat is out the bag it may as well run. I believe, however, that every man ought to know and confess how much he owes to his wife, and I am one of those who believe the country should know and confess how much it owes to its women.

But it's time that I paid some attention to my toast—"Our Hostess." Let me give you the comforting assurance that the state of her health is not so bad as would seem likely from the presence of so many doctors. Not in such generous doses would she be willing to take homœopathic medicine even. I would, however, commend your professional services to his Excellency. The fearfully eruptive state of the city is a cause of alarm to pedestrians and passengers at least. On every corner and along every street and avenue the exanthematous disease is making

rapid headway. I'm sure I cannot tell if the trouble is coming out or striking in. I like the way it's being treated by his Excellency, chief doctor to the corporation. The patient is in safe hands.

Again I am reminded of my toast. Well, I've a delicate task in hand and when you place me here to speak in praise of the good wife of our honored Governor, I know of no better or more delicate way of putting it than to give due honor to the Governor and his administration. For I lay it upon the conscience and intelligence of every married man—those especially having Ohio girls for wives—how much they owe of their success to their wives. "Our Hostess" is a theme worthy the eloquence of an orator, worthy the song of a poet. But while I am neither the one or the other, and so cannot rise to the height of inspiration so abundantly furnished by the hour, yet, fortunately you will not stand in need of my broken speech to have impressed forever upon memory's page the recollection of this elegant reception so cordially extended to the members and friends of the American Institute of Homœopathy. But why should I speak in praise of "Our Hostess?" This noble mansion with its massive doors thrown widely open to give you hospitable entrance, these grand halls, the home of art, elegance, and refinement, the tables so bounteously spread, the music so lavishly bestowed, the warm greeting you have received from her, and the personal welcome you have all enjoyed, I say all these things speak in thunder tones of the noble heartedness, the unmistakable refinement, the broad culture, the love, intelligence, and affection of "Our Hostess." And now lest I should mar the impression thus being made upon you by these happy surroundings, I will hasten to thank you for the honor my task has conferred upon me, and say no more.

A call was then made for Dr. Henry D. Paine, of New York.

Dr. Paine said: I think this is taking a man at a great disadvantage. I had made my way almost through the door when I was seized *vi et armis* and brought back to make an exhibition of myself; and I feel a great hesitation about doing it even in such goodly company. I should not have one word to say were it not for the fact that the gentleman who has just preceded me assumed, in his remarks—and I think it was a very great assumption—that the excellent lady, who is our hostess, is an Ohio lady. It is my pride and pleasure to say that, according to the best of my knowledge and belief, and judging by the manner in which she has performed her hospitalities, she is a daughter of the great State of New York. I have nothing more to say.

Some have pled as an extenuating circumstance extreme fulness. I might plead extreme emptiness, but I shall not do so, but simply remind you that the hour is late and that we had better be going towards our temporary homes.

At the conclusion of Dr. Paine's speech, the guests took leave of their kind entertainers, each with the feeling that a most delightful occasion had passed, but that the happy remembrance of it would remain.

In addition to the pleasure afforded by these entertainments, the members of the Institute, and their ladies, enjoyed the "sight-seeing" furnished by the Capitol. Arlington Heights, the Soldiers' Home, the United States Capitol, the Patent Office, Post Office, Treasury, the Smithsonian Institute, Botanic Gardens, Agricultural Department, Army Medical Museum, and other notable places and buildings were visited between the business sessions of the Institute.

SECTION II.

REPORT

OF THE

BUREAU OF MATERIA MEDICA, PHARMACY,

AND

PROVINGS.

C. WESSELHŒFT, M.D., ... Boston, Mass.
WILLIAM E. PAYNE, M.D., ... Bath, Me.
E. M. HALE, M.D., ... Chicago, Ill.
J. P. DAKE, M.D., ... Nashville, Tenn.
CARROLL DUNHAM, M.D., ... New York.
HENRY N. GUERNSEY, M.D., ... Philadelphia, Pa.
T. S. HOYNE, M.D., ... Chicago, Ill.
W. W. RODMAN, M.D., ... New Haven, Con.
THEO. BACMEISTER, M.D., ... Toulon, Ill.
H. H. BAXTER, M.D., ... Cleveland, O.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME I. NUMBER 6.

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XXVIII.

PARTIAL PROVINGS OF CIMICIFUGA RACEMOSA.

By T. Bacmeister, M.D., Toulon, Ill.

Mrs. D., aged 30 years. Wanted some *strong* medicine to remove a headache. I thought it a good opportunity to get a proving, and gave her Cimicifuga $\frac{1}{10}$, ten drops every three hours.

Next day, headache very much worse. She felt as if the "head was pounded full of something heavy." Severe frontal headache; "muscles and nerves all seem strained." To move the head or turn the eyes causes a sensation as if the cranium was opening and shutting. Very great nausea and faintness, but she cannot vomit. Alternation of hot *and cold* flashes; cold chills run up the back and limbs. Bones ache, especially in the back and knees. Limbs pain worse in joints.

Next day: Is not sleepy, but her "head feels as if she had been without sleep a long time." Weak and tired, as if she had done a heavy day's work. Feet cold, and then warm. Slimy, phlegm-like leucorrhœa.

I did not see her again, but understood that her headache was entirely cured.—A. C. Cowperthwait.

April 6th, 1871. Mr. W., aged 21. Took 10 drops of the tincture every four hours. In the afternoon he felt as if he could not keep awake, but must lie down and go to sleep. Peculiar tingling in the muscles, followed by an aching pain in the limbs, from above downward.

April 7th. Terrible backache. Pain in all the limbs. Fulness and pressure in the brain. Twitching of the fingers and toes; pain in the right great toe. Very sleepy.

April 8th. Chilly in bed before rising. Cold sweat on hands and feet. Other symptoms about the same. "Feels bad generally." Don't take any more medicine.

April 9th. Headache (frontal). Back and limbs ache less. Feels very tired and worn out. Shooting pain over the left eye. Urine scanty and high-colored. Dull, aching pain in the eyes. Can't sleep at night.

April 10th. Better. No report of symptoms.

XXIX.

PROVINGS OF USTILAGO MAIDIS.

T. S. Hoyne, M.D., Chicago, Ill.

E. H. Pratt, student in Hahnemann Medical College of Chicago, took a powder of the second trituration of Ustilago, at 10 P.M., April 19th, 1872. In a short time felt a sharp lancinating pain in the right tonsil (the fauces were somewhat inflamed when the medicine was taken). Sleep that night was troubled; tossed about much in bed and had gloomy and disappointing dreams. In the morning (20th) rose with a tired feeling and experienced a burning sensation along the whole length of the œsophagus, especially at the cardiac orifice of the stomach—heartburn. (Kali bich. always gives me the same symptom, but I had not taken it for two weeks previous.) The burning in the œsophagus continued all day. Towards the middle of the day was seized with great internal heat (pulse normal) over the whole body, but especially in the eyes, which are inflamed and sensitive to light, and the eyeball is sore to the touch. Fauces hotter and more sensitive to motion than last night. In the afternoon internal heat gone; throat still sore; eyes weak; frequent attacks of vertigo; everything before the eye whirls, sometimes appearing double, and at times myriads of white specks come before the eyes, and blot out everything else. Again had troubled dreams at night, with great restlessness (not natural) and internal heat. This feeling of general heat seems to come and go at short intervals (two to four hours).

In the morning of the 21st awoke early and felt tired, yet could not rest. Throat worse, very painful (sharp and lancinat-

ing pains); profuse secretion of thin, bitter saliva; general internal heat. Symptoms continued all day. Restless sleep, full of gloomy dreams, at night.

Morning of 22d.—Throat still painful; saliva profuse; flow of urine increased; eyes feel hot on closing the lids; I seem to have occasionally slight spasms of the eyes, when everything vanishes from sight and the head seems to whirl. At night rested nearly as well as usual, though somewhat restless yet.

May 2d.—Since April 22d occasional attacks of vertigo and internal heat came on for three or four days, after which time experienced no unusual sensations.

H. M. B., student in Hahnemann Medical College of Chicago, took a powder (received from Dr. Hoyne), of the second trituration of Ustilago, April 19th, 1872, at 12.30 P.M. Did not dine until 3.30. At 4 o'clock, erections while reading, with frontal headache. Spots dancing to and fro before the eyes.

April 20th.—Slight diarrhœa, with light-colored stools.

Miss M. S. Stearns, student in Hahnemann Medical College of Chicago, took a powder of Ustilago, second trituration, April 19th. No symptoms to speak of the first two days, or rather my health was better.* Then commenced horrid dreams at night, although not unusually followed by dulness of the head in the morning, with queer feeling in the eyes, smarting or inflamed feeling. Symptoms of a slight cold. A very unusual symptom was pain in the abdomen for two or three days. Think it possible I may have antidoted the medicine with coffee, as I observed no other symptoms.

S. R. Kridler, student in Hahnemann Medical College of Chicago, took a powder of Ustilago April 19th, 1872, at 5 P.M. 1st. I had a feeling of oppression in the chest along the median line. 2d. Troublesome dreams at night. 3d. Heat over the entire body at night; I threw off the bedclothes during sleep and on awaking found myself exceedingly warm. 4th. Pain in

* Will find out what symptoms were relieved by it.—HOYNE.

the cardiac region of a burning character. 5th. Pain in left inguinal region while walking. 6th. Restless at night with fever; tongue coated in the morning. 7th. Sudden pallor coming on while sitting and in the evening. 8th. Frequent erections during the day and night. 9th. Great desire to urinate, the urine being of a lighter color than usual.

C. W. Brown, student in Hahnemann Medical College of Chicago, April 19th, 1872, took a powder of Ustilago at 10 P.M., just before retiring. I felt a burning in the œsophagus soon after taking it. That night I was very restless and had troubled dreams, an unusual occurrence with me. During the next day, April 20th, I felt no unusual sensations, but my sleep that night was restless and I dreamed considerably. During April 21st I had frequent attacks of twitching of the eyes, and my eyes appeared to look (revolve) in circles and dart from one object to another in quick succession. Bitter saliva was secreted in abundance, and there was heat and pressure in my chest. I had dreams when lying down in the daytime and at night. On April 22d, my eye symptoms increased in frequency, except they did not twitch so much. The flow of bitter saliva was increased, and I felt a constriction of the chest, with some pain. At night I experienced difficulty in getting to sleep, and when I did, unpleasant dreams haunted me continually.

May 3d.—I have dreamed every night since I took the medicine, and it is something very unusual for me.

B., a student, reports that he ate a lemon an hour before taking the second trituration of Ustilago, and perceived no unusual symptoms.

Nov. 24th, 1871.—R. K. Paine, a student, took two powders of the first trituration of Ustilago from Prof. Hoyne, to be proven. I am well; the functions of the body all normal. Weather not very cold, but changeable. At 11 P.M. took one of the powders in a spoonful of water.

NOTE.—Each student engaged in making the above provings took one grain of the second trituration, and did not know what medicine he was experimenting with until his report was handed in.—HOYNE.

Nov. 25th.—Awoke about 3 A.M., with a dull, drawing pain in the left infra-mammary region, which disappeared on turning on the back from the right side. At 11 A.M., felt very much as if I was going to faint; felt oppressed for want of fresh air; this soon disappeared. Was in the lecture-room, which was warm.

Nov. 26th.—Headache before rising, dull, from dry cold in head; it disappeared after a bath and eating breakfast. Thick mucus is discharged from the nose all the forenoon. I think I took this cold from exposure while going over the burnt district yesterday. At noon, to-day, after walking a mile or so, my hands and whole body trembled slightly. I was not fatigued. This passed off in a few moments. Bowels were constipated this morning, a very unusual thing for me.

In the evening the lungs were sore on coughing; raise a little mucus, of a thick, sticky nature, at nearly every cough. During the night was troubled with mucus in the posterior nares. Throat sore and dry towards morning. Upper part of throat felt filled up. Pharynx and uvula reddened. This passed off in the morning, but the head felt stuffed. Felt better after eating breakfast. Profuse discharge of thick mucus from nose, lasting an hour or two. Had a hacking, rough, and painful cough. Bowels slightly costive. 10 P.M. Have had a cough, with thick mucous expectoration, all day, but am getting better of the cold. Have felt irritable and disinclined to talk all day. Could not take hold of anything with energy. Had nothing particular to complain of. Towards night felt a strong desire for acid fruit, and ate an apple, which stopped this craving; at the same time had a craving for hearty food, which left on eating the apple. Head feels heavy.

Nov. 28th.—The catarrh in the head and lungs is much better. Feel well. Slept well, but dreamed of the lectures. Evening. Have had a thick mucous discharge from the nose to-day, not profuse. Had also a very little cough and expectoration of mucus. Have felt quite well to-day, though not so bright as usual. Face has a dingy-yellow look, more so than natural. Tongue not coated nor are the eyes yellow. Appetite good; had craving for hearty food again to-night.

Nov. 30th.—Had no symptoms yesterday. To-day, dull,

heavy, frontal headache while walking in the open air, relieved on staying in the warm room; not from hunger.

Dec. 3d.—For last three days have felt dull, as if I had not slept enough. Felt irritable; almost everything goes wrong. Bowels have been constipated all the time. No catarrhal symptoms for three days.

SECOND PROVING.

Dec. 12th.—Have had no symptoms for a week. Took the second powder to-night.

Dec. 13th.—Had a slight pain in left infra-clavicular region just before rising this morning; passed off soon. Had some headache, mostly frontal, this evening.

Dec. 14th.—No symptoms since last night; this morning had pain in left infra-clavicular region.

Dec. 15th.—Had a sharp, tearing pain in left side, commencing at the top of the chest and passing down to the sixth or seventh rib, increased by breathing; was present for several minutes; it was rather spasmodic and occurred about 3 P.M., while standing and reading.

Dec. 19th.—No symptoms since 16th. The urine was not examined; did not notice any change in color or amount.

NOTE.—Six students report that they obtained no symptoms from the drug.—HOYNE.

XXX.

A CLINICAL REPORT ON USTILAGO MAIDIS.

By T. Bacmeister, M.D., Toulon, Ill.

Mrs. ——, aged 34, tall and dark-complexioned, the mother of four children; has suffered for several years from profuse menstruation, the flow lasting from ten days to two weeks. It is very abundant at first, gradually wearing off, and is always worse from motion; she is, therefore, obliged to keep her bed for the first two or three days. The discharge is very dark, and entirely painless.

Among many remedies used, Sabina alone would check the flow, when the first decimal was given in water. It produced, however, no permanent benefit. On October 3d, 1871, she received twelve powders of Ustilago, third trituration, a powder to be taken every evening. It helped her immediately, and being repeated before the next menstrual flow, she got along finely. She has had no return of the trouble since (April 30th, 1872), and her general health has greatly improved.

XXXI.

PARTIAL PROVING OF PODOPHYLLUM PELTATUM.

T. S. Hoyne, M.D., Chicago, Ill.

Samuel A. Moore, age 21, a student of Hahnemann Medical College of Chicago, of nervous-sanguine temperament, not easily affected by medicine.

Jan. 4th, 1872. Took four drops of the tincture of Podophyllum peltatum before going to bed, and had no unpleasant feeling until about 3 A.M. I was then awakened by violent pains in the stomach and bowels; the pains were of a griping, stitching character, and were relieved for a short time by pressure on the bowels. About 4 A.M. had an evacuation, which consisted of yellow, undigested fæces, mixed with mucus, and was of an offensive odor. Temperature of the body considerably increased; pulse quicker and smaller than usual, with slight palpitation of the heart, and much feeling of oppression in the chest, with constant inclination to take a deep inspiration, but was prevented from doing so on account of a feeling of constriction in the chest. After rising in the morning had a sick feeling in the stomach, with occasional nausea; appetite much impaired, with unusual thirst for cold water; tongue coated white, with much viscid mucus in the mouth. After breakfast, had a violent burning in the stomach, as if caused by hot steam. About 10 A.M. had another evacuation, which was accompanied with violent tenesmus, lasting for some time after the evacuation; the stool was of a burning, acrid character, excoriated the anus, and caused much bearing down during and after stool. After stool feverishness, with frontal headache, and a sensation of great dryness

of the forehead and eyes, which was relieved for a short time by bathing the parts with cold water. Had no more symptoms until after dinner, when the same burning sensation was again experienced in the stomach, as if caused by hot steam; increased thirst after eating; cold water does not agree, it causes much oppression and uneasiness in the stomach; small quantities of it were ejected, which tasted very bitter, and caused much burning in œsophagus.

Felt feverish during the afternoon, with occasional spells of chilliness, which was not relieved by the heat of the stove, but was relieved by covering up warmly in bed. Evening, before supper, had an empty feeling in the stomach, but did not feel hungry. After supper, sensation as if there would be an evacuation of the bowels. This sensation came and went again at short intervals until going to bed, when it ceased. No unpleasant sensations until about 2 A.M., when I awoke with slight stitching pains in the bowels, with desire to go to stool. About half-past 2 A.M., had an evacuation from the bowels. Did not sleep well the remaining part of the night, on account of occasional stitching pains in the bowels; the pains were mitigated by flexing the thighs on the abdomen. Had a feeling of weakness in the epigastric region, which continued until next morning. This symptom was the only one that disappeared in the morning. All the other symptoms were aggravated in the morning from 2 to 4 o'clock. Had a bad taste in the mouth for several days after the most prominent symptoms had disappeared, with diarrhœa and constipation alternating every day or two.

XXXII.

A STUDY OF HEPAR SULPHURIS CALCAREUM.

By Alfred K. Hills, M.D., New York.

With a feeling of considerable pleasure I commenced a methodical study of this old, well-proven drug, and it has been enjoyable in proportion as I have been successful in eliciting its genius.

It has been my aim, in making this study, to ascertain its sphere of action, and to become acquainted with its peculiarities. It should now be studied in comparison with its similars, and thereby placed independent and individual in our therapeutic ranks. It is by this light of comparison that we are best enabled to show the characteristic peculiarities upon which the drug is to stand beside its relatives. When this study is accomplished, Hepar *does* stand out in bold relief beside those that claim its relationship; and taken as a whole shows many marked differences from its individual component parts when considered separately as *Calcarea carb.* and *Sulphur.*

When Hahnemann pulverized his first oyster-shell, with which to compound the carbonate of lime with sulphur, how little could he have anticipated the vastness of that which was to be developed therefrom!

Its relationship to the suppurative process, to croupous exudations, and even to true membranous croup; to gastric difficulties, with its characteristic craving; to inflammatory affections, either acute or chronic, characterized by *soreness* and erethism extending to the greatest sensitiveness to contact and to cold; to its well-known powers as an antidote to the effect of many drastic drugs; and last to be mentioned here, but not least valuable, its well-

marked mental symptoms; all these, and many more, standing like monuments to its greatness, are sufficient evidences of the great value, in a therapeutic sense, of the individual drug we are considering.

Hepar is a drug the action of which is of long duration. Antidoted by *Bell.*, *Cham.* (especially the colic and diarrhœa). It antidotes Ant., Ars., Bell., Cupr., Ferr., Iod., Iod. potass., Merc., Nit. ac., Sil., Sulph., Zinc.

It follows well after Bell., Lach., Sil., Spong., Zinc.

It is well followed by Bell., Merc., Nit. ac., Spong., Sil.

SENSORIUM.—The effect of Hepar upon the sensorium is of a very *depressing* character, causing most frightful *anguish* and fearfulness, as of perishing in consequence of one's condition, which may not be at all serious; particularly during the evening hours and before midnight the sadness preponderates to such a degree that suicide is premeditated. When walking alone in the *open air* one feels greatly discouraged and ill-humored, is reminded of all the disagreeable thoughts and occurrences of a lifetime, and is apprehensive, upon no reasonable ground, that serious trouble is about to befall members of one's own family. The memory is exceedingly weak, frequently allowing of the use of wrong terms, and this condition is found to exist, especially when one is in an *irritable* frame of mind, and when walking in the open air. Frightful visions make their appearance while in a conscious state in bed in the morning, and after rising an exceedingly irritable condition obtains, accompanied by extreme mental depression. The *over-sensitiveness* and *irritability*, even unto *hasty speaking*, are particularly characteristic.

HEAD.—*Vertigo* occurs from shaking the head, when riding in a carriage, and in the evening. Drowsiness and stupefying heaviness of the head, especially *after sleeping;* ailments which seem to originate in a gastric derangement. The slightest concussion or movement of the head or eyes aggravates the pains in these parts; while in the forehead, especially on *rising in the morning*, remains a sensation as if the parts had been *bruised*, or would be torn or pressed out; with a similar, though subdued feeling in the abdomen.

On the outer part of the forehead sensation as if a *boil* had

formed, with a pricking feeling when stooping, coughing, or when *being touched.* Hysterical headaches, especially affecting the temples, and with a pressing pain in the vertex, are accompanied by palpitation of the heart. On the inner side of the skull, a stitch-like contraction produces a sensation as if the head would *fly to pieces,* becoming more violent in the *open air* and from *motion, disappearing* while in the room, and *by tying something around the head.*

The right side is the chief seat of the Hepar headache, which is generally of a *roaring, throbbing* character, alternating in its intensity, extending gradually to the right occiput, and down to the scapulæ. (Compare with Sil. in respect to the direction of the pain.) A spasmodic jerking in the occipito-frontalis muscle when lying down disappears when rising. The pimples and blotches making their appearance on the scalp and nape of the neck, and so sensitive to *touch* and *warmth,* are *better* in the *open air.* The integument of the forehead is very sensitive to *touch;* even the pressure of the hat is painful, although the headache is relieved by tying something tightly around the head. (Bry. patients with frontal headache are inclined to press with the hand the forehead and temples.) Rheumatic, gouty pains in the head are worse in the *open air,* and are of a boring, drawing character, seated in the pericranium and skull, the hat causing great suffering from *soreness* of the parts.

EYES.—The lids are red, inflamed, œdematously swollen, sometimes of an erysipelatous character; the integument below becomes of a bluish color, and the inflamed parts are sore, very sensitive to touch, and ache as if they had been *bruised.* The Meibomian glands are swollen and inflamed, even to suppuration. Itching pimples make their appearance upon the face, about the eyes, which are sensitive to *touch, cold* air, and to bathing. The lids are agglutinated in the morning, very firmly adherent, and are opened with much difficulty. Protruding eyeballs, with pressure in the globes as if coming out, very sensitive to *touch* and feel as if *bruised,* while any movement of them causes a pressure and redness, which is followed by lachrymation. Photophobia intense, and in the bright light the eyes are very sensitive, especially when moving them. Constant use of the eyes,

as in reading, causes a desire for frequent winking, and the secretion becomes so thick and gummy as to materially obscure the vision.

EARS.—The external ear becomes painfully sensitive to pressure, especially that from lying upon it, with heat and redness, causing an itching, which may extend internally. Scurfy eruptions form upon and behind the ears. Violent stitching pain, wheezing, or detonation in the ears when blowing the nose, which may indicate a catarrhal condition of the Eustachian tubes.

Whizzing and throbbing before the ears after lying down at night, which does not prevent sleep, but continues until one goes to sleep. The cerumen is increased. Suppuration with discharge of fetid pus occurs in this organ, and the inflammatory condition may extend to the mastoid process.

NOSE.—This whole organ is inflamed and *sore*, as if *bruised* or ulcerated. From *touch* the bones are painful, and the tip feels as if a *boil* were forming. A drawing pain in this organ extends its influence to the conjunctiva, and causes a smarting sensation. When blowing the nose, disagreeable itching tingling in the left half, as if caused by the presence of a *foreign body*. Slight exposure to dry cold winds causes return of the nasal catarrh. The discharge from the nose is of a yellow viscid character, drops out like water, and becomes scurfy, especially in the *right* nostril. In congestive conditions of the nose, coagulated blood, sometimes mixed with mucus, is discharged both anteriorly and posteriorly, and in the *morning* blood drops from the nostrils. The sense of smell may become more acute, or be entirely wanting.

FACE.—Under the influence of Hepar the complexion becomes of a yellowish color, with blueness around the eyes. When becoming heated by exercise, the face assumes a death-like *paleness*. Flushes of heat and redness of the cheeks, accompanied with shuddering and absence of thirst, may be observable during the whole day, or only during the morning and evening hours. An erysipelatous swelling invades the cheeks during the *early morning* hours, and *disappears rapidly* again. The bones of the face are painful as if *bruised*, and especially sensitive to *touch*.

GUMS.—The easily bleeding gums are inflamed and swollen,

with a throbbing or pressing pain from within outwards, as if a new tooth would issue, or as if blood were entering the tooth; sensitive to *touch*, and from pressing the teeth together. Ulceration of the gums, with a base resembling *lard*, particularly after abuse of mercury; painful after eating, in a warm room, or at night.

TONGUE.—The tip of the tongue is so painfully *burning* and *sore*, one is awakened by it.

LIPS.—Painful burning tension of the chapped lips, which are sensitive to *touch*, although constant and moderate pressure *relieves* the tension. Yellowish, scurfy, burning vesicles form about the corners of the mouth, which may extend to ulceration.

CHIN AND NECK.—Pimples resembling blotches, *sore to touch*, make their appearance on these parts.

TEETH.—The teeth become very sensitive to *touch*, to *cold* drinks, and the pain is *worse* in the warm room and *better* in cold air. Jerking stitches in the teeth extending to the ear; the sockets seem much inflamed and painful when pressing the elongated teeth together.

TASTE.—The sense of taste is much changed by the administration of this drug, it either increasing the desire for condiments and that class of edibles, or diminishing it to such a degree that nothing whatever has any taste. The aliments seem bitter, or the mouth may be bitter while the food tastes natural. Bitter, slimy, or *sourish*-metallic taste in the *morning*, or *putrid*, as of *rotten eggs;* the patient notices the fetid breath, which is exceedingly offensive even to him, and seems to proceed from the stomach.

THROAT.—In the pharynx, when swallowing, a sensation as of internal swelling, or as if a clot of mucus was lodged there, with a feeling as if *bruised* in the external cervical muscles. In the evening directly after eating, a sensation as if something remained lodged, and caused a pressure just below the larynx. Constrictive sensation in the throat, as if one would suffocate. Deglutition difficult, as if from want of power in the muscles to accomplish that act, while the rawness in the fauces is *increased* by swallowing solid food. The rough scraping sensation in the throat experienced *early in the morning*, is similar to that caused

by inhaling the fumes of *burning grease.* Stinging in the throat in the morning, and from taking a *deep* inspiration. Stitches in the throat when swallowing, as if caused by a *splinter, fish-bone,* or some *sharp foreign body* sticking fast there; when yawning or turning the head, the pain extends to the ear.

MOUTH.—Ptyalism, especially after the abuse of mercury, with constant desire to clear the mouth; the involuntary flow of saliva is from the *right* side of the mouth.

STOMACH.—When walking, a painful sensation, as if the stomach were loose and swaying to and fro with each motion of the body; in the morning, and after moderate eating, a painful pressure as from the presence of some hard substance or flatulence in the stomach, sometimes coming up from the abdomen and affecting the pit of the stomach, and only relieved by the emission of flatulence. Dull pain in blowing the nose; pressure, swelling, and tension in the pit of the stomach, compelling one to loosen the clothing, a few hours after a meal, the hands being icy cold. During the period of digestion, an uneasiness, weight, and acrid sensation in the pit of the stomach. Gnawing in the stomach, as if caused by something acid which rises into the pharynx. Empty, sinking feeling at the stomach; after eating, a *strong* and comfortable feeling is experienced. The pains in the stomach are *relieved* by *eating;* (Iod.) by eructations; by passing flatus.

(a.) *Appetite.*—The appetite may be *craving,* especially during the forenoon, or entirely wanting, with even a disgust for food, especially anything greasy. The appetite for *sour* and *strong-tasting* articles is *greatly increased,* and is only satisfied for a short time after taking them; the desire is to keep on taking something of this kind at short intervals.

(b.) *Thirst.*—Hepar increases the thirst more than the appetite, and induces a craving for sour wines and other pungent-tasting articles, which are desired at frequent intervals and cause an empty sensation in the stomach; this is satisfied by the stimulant, or disappears in an hour or so if none is taken, to return again the next day at the same hour. There is fear of satisfying the thirst lest the abdomen become distended.

HYPOCHONDRIA.—In the umbilical region violent and sudden

gripings, extending from *both* sides of the abdomen toward the middle, causing a whirling sensation, something rising to the pit of the stomach, exciting paroxysms of nausea, anxiousness, and heat of the cheeks; in females simulating the approach of the menstrual period.

(a.) *Right hypochondria.*—When *walking*, stitches in the region of the liver.

(b.) *Left hypochondria* distended as by flatulence; when riding in a carriage the pain becomes incisive, and *every step* causes a painful congestion of blood to both hypochondria, with a sensation as if the circulation therein was arrested. When exercising, sharp stitches are felt in the region of the spleen.

NAUSEA in frequent attacks, but especially felt early in the morning, with inclination to vomit when *sitting* or *standing;* going off when *lying down.*

VOMITING.—After long and violent retching, bile is thrown up. Mucus mixed with coagulated blood is expelled. Vomiting of green acrid water and tenacious mucus, accompanied by continued nausea. *Sour* vomiting with burning in the throat, cutting pain in the bowels, and purging.

GASTRIC SYMPTOMS.—Fulness; great weakness and heat in the hard, distended abdomen *after* a meal, with palpitation and oppressed superficial breathing. The food regurgitates in a *hot* and *sour* condition. *Eructations* are frequent, without either smell or taste, or tasting of the ingesta, accompanied by a *sourish* liquid and burning in the throat.

Hiccough sets in *after* eating.

ABDOMEN.—The whole abdomen is bloated, distended, hard as a stone, painfully sensitive, as if *bruised and sore*, accompanied by a *bruise-like* pain in the forehead. These pains are aggravated by *motion* and by *touch*—even the clothing must be loose—and are felt early in the morning when awaking, and continue for some time after rising. An aching, drawing pain in the abdomen extends around the hips. Pressure in the abdomen below the pit of the stomach. Spasmodic, cramp-like, pinching tension in the abdomen, becoming constricted *before a meal* and *early* in the morning, accompanied by soft stool. Fermenting sensation above the abdomen, with rising of hot air. The rumbling and

painful movement of flatulence seems to be most troublesome in the *early* morning and toward evening. Many hours after the meal, the sharp pains in different parts of the abdomen become intense and cutting with every pulsation, the stool continuing normal. Ilio-cæcal region swollen, deep, in a circumscribed lump; lying on the back with the right knee drawn up is the easiest position. The intestines have an empty feeling. Inguinal glands become painful, especially to *touch*, with sensation as if swollen. In suppuration of these glands, Hepar is often indicated, especially after the abuse of Mercury or Iodine, and, properly selected, will work wonders in this tedious affection.

STOOL.—Desire for stool frequent, accompanied by eructations, sometimes passing very little or nothing, the larger intestines seeming sluggish and devoid of peristaltic power sufficient to expel even the soft stool; the greatest bearing down will be only slightly successful. Diarrhœa (with or without colic), nausea, rumbling in the abdomen, especially after mercurial dosing.

(a.) *Character.*—Painless; the fæces may be hard or soft, but in either case are expelled with the greatest difficulty. The hard fæces are mixed with a yellow liquid. Bloody mucus, clay-colored, greenish, *sour-smelling*, whitish. Flatulence emitted at night and preceding and succeeding the expulsion of fæces.

(b.) *Aggravation.—Early in the morning*, soft stool, with pinching in the abdomen during the day, after eating, after drinking cold water, after abuse of *Mercury or Cinchona.*

(c.) *Amelioration* after eating (symptoms of the stomach).

(d.) *After Stool.*—Inflation of the abdomen; obstruction of the nose; soreness of the rectum with discharge of ichor; emission of flatulence.

ANUS AND RECTUM.—Rectum swollen and powerless. Burning, rumbling, or creeping in the rectum, as of ascarides. Pimples near the orifice, with sensation as if swollen. Hemorrhage and soreness after stool. Inflamed, protruding varices, tending to suppuration. Sweat of the perineum.

URINARY ORGANS.—The muscular power of the bladder seems very deficient, while the pressure upon and the irritation at the neck causes a frequent desire to urinate; some time, however, elapses before the act can be accomplished, and then it is only

partially successful, and drops out slowly in a perpendicular direction. The urine corrodes the parts with which it comes in contact and causes ulceration, the orifice of the urethra being red and inflamed.

(a.) *Character.*—Flocculent and turbid, or pale and clear, becoming turbid on standing; *hot and acrid;* dark-yellow; brown-red; blood-red. The last drops are mixed with blood. Greasy pellicle glistening with various colors.

(b.) *Micturition.*—The desire is most violent *early in the morning,* when awaking. Emission slow and difficult, with burning, cutting, stitching soreness in the urethra *during* the act, and a sensation behind the right scapula, as of something running or flowing.

GENITAL ORGANS, MALE.—(a.) *Penis.*—The effect of Hepar is to cause itching of the frænulum præputii and the glans; stitching pain in the prepuce, which sometimes presents a chancre-like ulceration; a cramp pain, commencing in the bladder, extends to the penis, and causes *soreness.*

(b.) *Scrotum.*—There exists a relaxed condition of the scrotum, notwithstanding the unnatural hardness of the penis; itching of the scrotum; between the scrotum and thigh the parts become *sore,* and smart as if excoriated.

(c.) *Special function.*—The sexual instinct may become diminished, or may be excited to such a degree that the sensation as if semen would be emitted exists without the mental condition usually accompanying such an event; or when the sexual orgasm is aroused, without satisfaction. Discharge of prostatic fluid during a stool.

FEMALE.—(a.) *Uterus.*—Congestion of blood to the womb, and hemorrhage, which is preceded by bloatedness of the abdomen. *Crawling* sensation in ovarian region; inflammation; especially sensitive to *touch,* during the suppurative stage, or after mercurial treatment.

(b.) *Menses.*—The menses delay, the discharge is diminished, and previous to their appearance a contractive headache is experienced. During the menstrual discharge, considerable itching of the pudenda.

RESPIRATORY ORGANS.—(a.) *Nasal Mucous Membrane.*—In

the nose a tickling itching causes frequent sneezing; one has to blow the nose almost continually, although the discharge is *not* profuse. The least breath of air causes coryza. Fetid mucus is expelled, even without coryza. The Schneiderian membrane is inflamed, swollen, and painful, *like a boil.* With all catarrhal affections the appetite is frequently *increased* for *strong-tasting* articles.

(b.) *Larynx and Trachea.—Hoarseness;* violent, deep cough, excited by scraping in the larynx, causing spasmodic retching and vomiting, with coryza, scraping roughness in the throat, chills, fever, and ill-humor; titillation, with a sensation as from the irritation of smoke from burning grease, which induces cough; sensibility of the larynx to cold air; swelling below the larynx; from an irritation in the upper and *left* side of the throat, an almost *uninterrupted* cough is induced, worse when talking and stooping, increasing in the evening, and then *suddenly* ceasing; rattling in the larynx and trachea, with inability to expectorate the phlegm.

(c.) *Organs of speech* very much *weakened,* so that one can hardly speak above a whisper, sometimes caused by a weak feeling in the chest.

(d.) *Cough* frequently accompanies the inflammatory condition of the nose, *induced* by a sensation simulating that caused by inhaling the smoke from rancid grease, and from scraping and rawness. The cough is so much increased by *deep inspiration,* that vomiting occurs; cough also excited by tickling, as if from the presence of "down" in the larynx.

(e.) *Character.*—Dry, moist, or subdued, as from oppression of the chest; or deep, dull, whistling, *dry,* barking, from oppression *during an inspiration,* with *soreness* of the chest during the paroxysm; coughing fits *very violent,* almost suffocating in character; occurs in paroxysms every three or four hours; the night cough does *not* waken from sleep.

(f.) *Accompaniments.*—Anxiety, irritability, and depression; violent throbbing of the carotids, also in forehead and temples; groaning in the head, as of thick ice when walking upon it; stitches in the throat; pain in the head, as if the contents would issue through the forehead; roaring in the head; heat of the

face, with redness; anxious, whistling respiration; attacks of suffocation, compelling the assumption of the upright posture, and to bend backwards; with moist cough, rattling of mucus in chest.

(g.) *After coughing*, a fetid sweat breaks out, followed by a weak feeling in the head; violent fits of crying and sneezing.

(h.) *Aggravation*, after a meal—especially eating or drinking anything *cold*—short and hacking; when walking; cold air; talking; weeping; tobacco smoke; from any part of the body *becoming cold*, as from being uncovered, *even a single extremity*. The morning cough awakens from sleep, although the cough is most severe when going to sleep in bed at night, *before midnight*, up to which time it gradually increases, and then suddenly ceases; after exposure to dry, cold winds, and sensitiveness from the abuse of mercury.

(i.) *Sputa.*—Mucus sometimes mixed with blood, particularly profuse after eating; *sourish*, tenacious, or bloody, at night almost without cough. In the morning expectoration of masses of mucus, which are often purulent, bloody, and have generally a *sour* taste, but sometimes a sweet taste, and in the latter case an offensive odor.

(j.) *Thorax.*—Aching in the left chest; stitches in the sternum, when breathing or walking; stitching pain in the side of the chest, in the direction of the back; sensation as if *hot water* was floating in the chest; the muscles of the right chest become painfully sensitive, especially when touching the parts or moving the arm; intensely *sore* pimples on the chest discharging pus; ulceration over the last rib of the right side, with stinging *soreness*, especially painful to *touch;* itching of the nipples; scirrhous ulcer on the mamma, with stinging-burning of the edges, *smelling like old cheese.*

(k.) *Respiration* frequent and deep, as after running, or anxious wheezing, with danger of suffocation when lying down.

HEART.—Violent palpitation of the heart, with fine stitches in this region, extending to the left chest; anxious feeling about the heart, with palpitation, in hypertrophy.

BACK.—Great weakness of the whole spine; from the sacro-iliac symphyses, pain extending into the lower limbs; stitches in

the region of the *left* kidney; in the small of the back, sensation as if the parts were tired, or as if the parts were being cut through, or as if *bruised.* The cervical muscles are painful, as if *bruised,* when *bending the head backward;* aggravation of the pains when stooping; when sitting, leaning against something; the cutting pain, both when at rest or in motion; most pains only worse during *motion*—walking causing a sort of limping—and from *contact;* stitches in the right scapula, and between the scapulæ, occasioned by the least exertion.

Nape of Neck.—Small, painless pimples on the nape and sides of the neck.

EXTREMITIES, UPPER.—(a.) *Shoulders.*—*Bruise-like* feeling or as of a weight resting upon the shoulder, especially when raising the arm. Drawing pain in both shoulders and fine tearing *only* in the *left.*

(b.) *Arms.*—*Bruise-like* in *both* and great weariness. Resting upon the arm causes numbness. Drawing and twitchings in different places in the *left* arm.

(c.) *Elbow.*—Exceedingly painful when extending the arm. *Bruise-like* pain in the olecranon process, *only* during or after motion; disappearing in the open air. Violent itching in the bend.

(d.) *Forearm.*—Boring, *bruise-like soreness* in the interior and above the dorsum of the hand; particularly painful *after midnight* and *increased by contact;* less during the day. Painful drawing in the tendons of the flexor muscles. Drawing, tearing in the extensor muscles of the forearms and fingers.

(e.) *Wrist.*—Painful, with a feeling of heat extending to the palms of hands. Small miliary itching eruption extending to the hand.

Hands.—(f.) *Palms.*—Heat in the palm extending to the wrist. Continued dull itching, with rough, dry grating skin. Small miliary eruption extending to the wrist; scaly eruption. Sweaty coldness. Unsteadiness and trembling when writing. Swelling of *right* hand. Insufferable *bruise-like* pain extending into the arm *during motion.*

(g.) *Fingers.*—Joints swollen easily; crack when stretched, as if from dryness; arthritic pains as if from a deposit. Violent

itching near the nail of the *left* index-finger as if a panaritium would form. Tingling, pricking in the tips of the fingers. Swelling of the fingers of *both* hands, with stiffness when lying; swelling of all the fingers with tension when moving them.

LOWER.—Nates and posterior part of thighs painful when sitting. Boils. Red itching tubercle on the upper part of the left half of the nates.

(a.) *Hip-joint* painful as if *sprained* when walking in the *open air*. Tearing in *left* hip (when undressing). Uneasiness, tearing painful tension during rest, obliging constant motion. Tingling pain contracting the limb, mostly when walking and when standing. Heaviness. Tearing in *right* thigh. Tingling numbness with tearing in thigh when *sitting*. *Bruise-like* pain in anterior muscles of thigh. Cramp in the muscles of the thighs and pelvis when the thigh is *drawn up*. While *walking* sudden pain with weakness in the thigh.

(b.) *Knee.*—Aching in the bend of the knee during motion. Stitch-like ache in the right knee. Tearing in the outer side of the joint which continues when at rest, as after too great fatigue. *Bruise-like* pain. Swelling. Pimples violently itching on the *inner* side. Spasmodic drawing below the right knee when *walking*. Cramp in the calves *only* when bending the knees. Cramp in all the muscles when walking, compelling rest. Restlessness, the limbs must be stretched or moved continually. Great weariness, especially when ascending an eminence. While in bed in the *morning*, heavy numbness of the *left* leg.

(c.) *Calves.*—Cramp only when bending the knees. Tearing pain in the tendo Achillis when lying in bed; when walking, a stitch in the tendon.

(d.) *Feet* swollen about the ankles, accompanied with difficult breathing. Cold or damp sweaty feet during the day. Chilblains crack open, do not readily heal, and after healing the spot is intensely painful. The nail of the big toe becomes *sore*, as if ulcerated, when slightly pressed upon. The corns become painfully burning and stinging when pressed upon even slightly.

(e.) *Soles* sensitive, and especially painful when walking on uneven surfaces. Tearing and drawing. Under the heel when walking, pressure as if from a *foreign body* lodged there. Cramp.

The soles burn early in the *morning in bed*, obliging one to *uncover* them. Tarsal joint stiff as if numb and pithy, or as if from subcutaneous ulceration, and when walking as if *sprained*. Stitches in the bend of the foot. Itching, violent stitches in the dorsum near the root of the toes. In the outer side upon which one was lying a violent *bruise-like* pain appeared, causing restlessness and uneasy sleep; motion, and gently rubbing the parts relieved the paroxysm.

WEAKNESS, FAINTING FITS.—Fainting with the pains, which may not be at all severe in character. Weakness of *all* the limbs, they feel as if *bruised* by blows. In the morning early while in bed, and after rising, one feels weak and indolent, accompanied by palpitation of the heart; the weakness continues all day, with drowsiness. In the evening nervous depression, weakness and palpitation of the heart. Weakness when walking in the *open air*, after a meal, with stretching of the limbs. When walking in the *open air* a cold sweat breaks out, followed by a feeling of heat, which prevents sleep until 2 A.M. Sudden, violent swoon towards evening.

SLEEP.—Uneasiness and twitchings of the body soon after lying down to sleep at night, obliging one to move the limbs to and fro. Awakes about midnight with a tickling in the larynx inducing cough and expectoration. He awakes at night with an erection and an urgent desire to urinate; finds himself on his back, whereas he sleeps on the right side generally; has to change sides frequently on account of the pain. Orgasm of blood preventing sleep. *Profound sleep with head thrown back;* awakes with a feeling of obtusion as if from gastric derangement. Starting out of sleep as if in a fright soon after going to sleep; calls for help and fears suffocation. Sleeplessness after midnight in consequence of a crowding of ideas moving like clouds through the brain. The back is wet with perspiration on awaking after anxious dreaming. Violent yawning accompanied by pain in the chest and great drowsiness toward evening.

Dreams soon after going to sleep, causing anxiety the whole night without waking. The dreams are of a disagreeable and frightful character; the fright remains after waking, although he dreams that he escapes all danger.

FEVER.—Fever generally comes on toward evening, with slow pulse, great thirst, nausea, and vomiting. Early in the morning bitter taste followed in a few hours by chilliness *with* thirst, and in an hour heat. Dry heat of the body with sweaty hands which do not bear being uncovered. Consumptive fever.

(a.) *Chill.*—Hepar is one of the chilling remedies. Patients want to be warmly covered, even in warm days in summer they will wear heavy overcoats and fur caps and then complain of being cold. Chilliness in the extremities and back predominate; all pains increase during the nightly chill.

(b.) *Sweat.*—Profuse *sour*-smelling perspiration, day and night, standing on the face like pearls.

SKIN.—Intensely violent itching in the bends of the elbows, on the hands, wrists, and in the palms. Corrosive blister on the thumb, stinging when *pressed* upon. Tingling itching near the nail of the left index-finger as if a panaritium would form. The eruption is generally of an impetiginous character, and the fine, stinging itching is aggravated when rising in the morning, burns and smarts after scratching, and blisters arise which discharge a white fluid. Hepar is especially applicable after the use of external applications, such as salves, &c. Suppuration easily obtains, even in slight abrasions, and the healing process goes on but slowly. The ulcers are *sore* and very sensitive to *touch*, and suppurate profusely.

GENERAL ANALYSIS.

1. *Vital Power.*—The action of Hepar upon the vital power is considerably marked and important. Upon the sensorium the degree of depression caused is equalled by few drugs; the extreme irritability occasioned is a characteristic point in its pathogenesis. There exists the highest condition of general hyperæsthesia and irritability in all nerve tissues; even the minutest filament is so fully charged that the greatest sensitiveness exists to external influences, which, by reflex action, cause easy fainting. The special senses of sight, smell, and taste, are materially affected; the former is manifested by *extreme photophobia* and spasmodic closure of the eyelids. The smell may become more

acute or entirely wanting, while the sense of taste is so much perverted that only *strong-tasting* articles are desired. The muscular system also shows a considerable degree of depression and want of tone; its fibre becoming soft and withered, notwithstanding the excessive hyperæsthesia.

2. *Organic Substance.*—The effect of Hepar upon the organic substance of the body is also important. All the mucous membranes of the body are influenced to increased and morbid secretion, and its relationship to croupous exudation has been so thoroughly proven clinically that we may almost place it with our characteristics. Pustular eruptions appear upon the skin; wounds and bruises remain sore a long time or speedily assume the suppurative condition. Suppuration is also much increased in itching, gnawing, corrosive ulcerations, which are *sore* and very sensitive to contact.

3. *Sphere of Action.*—The head, eyes, ears, all the mucous membranes, the genital organs, the skin, and glandular system generally.

4. *The sensations* which are produced in all the affected parts are of a *sore, bruise-like* character.

5. *Periodicity* considerably marked in the early morning hours and in the evening until midnight.

6. *Peculiarities.*—In all inflammatory conditions, the parts affected are exceedingly sensitive to *touch.* The headache is relieved by tying something tightly around the head, pressure seeming to be beneficial, and not warmth, as in *Sil.* Most symptoms are aggravated by *cold air*, especially the cough, which is brought on by the uncovering of a single limb. The pains in the limbs are generally worse from motion, contact, and from cold, although pain in the joints sometimes compels passive motion and slight friction, which seems to relieve the sensation of an arthritic deposit. The pains are increased during the cold stage of the nightly fever. The rheumatic pains are accompanied with profuse perspiration. Easily bleeding, unhealthy skin, does not readily heal; and ulcerations discharging sour-smelling, fetid pus. Hot and red swellings, with strained feeling. Every impression upon the body or mind is followed by tremulousness. Drawing pain from the region of the stomach to the back. When

walking in the open air chilliness, nausea, and anxious trembling of the knees. Continued dull itching of the soles of the feet and the palms of the hands. Great heaviness and emaciation, with chilliness in the back.

7. *Characteristics.*—Depression, over-sensitiveness, and irritability. Bruise-like pain in the inflamed parts, or as if a boil would form, very sensitive to contact and to cold. Painful throbbing in different parts. Sensation in the throat as of a sharp foreign body sticking there. Stomach inclined to be out of order, with craving for condiments or strong-tasting articles. Sour smell of the excretions. Hasty speaking and drinking. Throwing the head back during profound sleep. Unhealthy skin and suppuration. Ailments resulting from dry, cold winds. Sweats day and night without relief of the pains. Green, slimy, sour-smelling diarrhœa. Stinging burning of edges of ulcers; smell of old cheese; little pimples or smooth ulcers surround the principal ulceration. Affections from abuse of Mercury or Iodine, particularly the iodide of potass. Fainting with the pains. Croupy cough, with continual hoarseness. Cough from the uncovering of a single limb.

PRACTICAL APPLICATION.

Hepar, like *Silicea*, is held to apply too exclusively to the suppurative process, and although always to be thought of in connection with such conditions, we shall just as often find it of service when no such condition exists. In those morbid conditions of the system preceding and during the formation of pus, especially in external glands and tissues, and for the cachectic condition remaining after suppuration, no remedy is so justly famed as Hepar. When the affection becomes deeper, and the periosteum and bones are attacked, then Sil. will be of more service. In whitlow, characterized by throbbing pains, very sensitive to contact, accompanied with chilliness, Hepar will relieve and finally dispel the inflammation, or promote speedy suppuration and recovery. If secondary symptoms remain after the administration of Acon. in inflammatory conditions in consequence of the introduction of foreign bodies to the tissues, especially if suppu-

ration ensues, or after the Acon. stage has passed, whether given or not, Hepar will prove of the greatest service. (Hypericum if there is much injury to the nerves.) The headaches are of a throbbing character, usually affect the *right* side and occiput, are aggravated by motion, and relieved by tying the head up tightly. In ulceration of the cornea, characterized by the well-marked concomitants, Hepar has proven itself worthy of high rank in the therapeutics of this affection. In the treatment of Onyx and Hypopion, Hepar generally finds its place, at some stage of their continuance, and if not given in so low a potency as to promote the suppurative process in too great a degree, absorption will speedily follow its administration.

It bears a close relationship to croupous exudations upon all mucous surfaces, and should be distinguished from Acon., in the first stages of true croup, and follows well, after that drug has been given. The following indications have been found to characterize the Hepar croup, particularly if coming on after exposure to dry cold winds (Acon.): Swelling under the larynx, with sensitiveness to cold air; whistling or moist cough, caused by tickling in the larynx, which feels as if it were caused by down, with expectoration of much tenacious mucus without relief of the rattling breathing; the cough is excited by uncovering a single limb; there is a strong desire to be kept warmly covered; sensation in the throat as if some sharp instrument were sticking there; anxious whistling respiration; attacks of suffocation, compelling the assumption of the upright posture, and to bend backwards; head thrown back during profound sleep, with frequent starting; irritability with hasty speech; there is frequently a desire for acids, or strong-tasting articles of food or drink; cold, clammy, or sour-smelling perspiration; easily excited; violent throbbing of the carotids; protruding eyes, or lids spasmodically closed; aggravation at night, during exercise, and when being uncovered; amelioration from warmth, and when at rest.

In the hoarse coughs occurring after exposure to cold dry winds, where the irritation seems mostly in the larynx and larger bronchia, it has been found most beneficial. (Ant. t., Bry., Kali bi., &c., when it has extended to the more minute tubes.)

The cough is brought on by the slightest contact with cold air, even the exposure of a single limb.

Wherever inflammation exists, the parts are very sensitive to contact. I have several times confirmed the throat symptom, "sensation as if a splinter or fish-bone were sticking there," and will mention two of these cases. I have also observed the same symptom in the eye disappear under Hepar. A gentleman of this city, while on a visit to Buffalo—and in a heated condition—after taking a large draught of iced milk, almost instantly experienced the above-mentioned symptom. His conclusion was, that a splinter from the ice had become lodged in his fauces, and he repaired to the nearest doctor for its removal. After laryngoscopic examination, the throat was pronounced perfectly free from any obstruction; but the sensation remaining, the patient insisted upon a resort to other means for its removal, and a like result followed "dragging" the posterior nares. The sensation still remaining to annoy the patient, he returned to this city, and sent for me. After hearing his statement, and examining his throat without finding any foreign substance, I administered one dose of Hepar before retiring at night, and when the patient awoke in the morning the sensation had entirely disappeared. I think we may charge the symptom, in this case, to the sudden chilling of the membrane by the introduction of the cold liquid, and after Hepar restored the original tone to the tissue, the sensation disappeared.

Another case in point occurred in a gentleman who was at the time suffering from acute rheumatism, and under the influence of Mercurius[200]. In this case I gave Hepar, the sensation soon disappeared, and shortly after several boils made their appearance in different localities. This patient being a high liver, and accustomed to considerable daily stimulant, I thought best, during his rheumatic attack, to allow the moderate use of "Rhein wein," and upon inquiry, I found he had used it with *plenty of ice*, and I surmise the symptom might be due to this agent. Dr. Dulac mentions the cure of mental symptoms, in the case of a young lady just after arriving at puberty—consequent upon uterine change—characterized by "violent, passionate fretfulness; she spoke with such volubility that one could not always

get a chance to reason with her, and she would not listen to the most just remarks." For the loss of hair following mercurialization or chronic headaches, Hepar has been found of great service. In tonsillitis and quinsy, especially after mercury, or when this drug has been abused, particularly if there is a tendency to suppuration. In chronic neuralgia of the face, extending in streaks into the temple, ear, alæ nasi, and upper lip; particularly if worse in open air, and relieved by wrapping up warmly. Spasmus facialis, especially if caused by diseased bones or teeth. After Bell. in prosopalgia, especially of the right side, brought on by exposure to cold winds or abuse of mercury. In attacks of asthma, awaking the patient from sleep, face becomes blue, saliva increased, patient complains of a sensation as if dust in the lungs, smoking and throwing the head back ameliorates, after the attack, expectoration frothy. Anxious irritability and fearfulness accompanies palpitation of the heart, in hypertrophy. Mastitis in hysterical and nervous patients, with hasty speaking and drinking; pain as if in the bones of the arms and thighs; suppuration is preceded by frequent *crawls* in the affected part, which remains hard, with scanty discharge. The sinking feeling at the stomach is relieved by taking food, while some hours after the patient is obliged to loosen the clothing. In indigestion, characterized by the eructation of quantities of wind, especially in nervous individuals, with the craving for condiments, Hepar has been of great service. A lady, suffering for years in this way, presented, as I thought, a totality for Lyc., but this remedy was of little service to her. From a more careful analysis, I found the characteristic craving to be a prominent one in the history of her case. I consequently gave her a few doses of Hepar, and this was followed by the formation and discharge of two abscesses, just over the cardiac region, the second succeeding by a few days the first, and being considerably smaller. Her gastric symptoms have very much improved since this occurrence. Gastritis, after metallic poisoning, finds its best antidote in Hepar. It has been found useful in enuresis, characterized by a *hot, acrid* discharge, the head being thrown *back* during sleep. Hepar will promote speedy suppuration in periproctitis, the swelling being hard and inflamed. The sciatic

pains of this drug are worse from motion, touch, and exposure to cold; better from warmth and quiet. Paralysis from suppressed eruptions, or after mercurial poisoning. The limb upon which the ulcer has healed, cannot bear its own weight by suspension. Scrofulous swelling disposed to suppuration. Warts become inflamed and stinging, as if ulceration would set in. Severe stitching pain in ulcers when laughing, burning and throbbing at night. Open buboes, which do not heal—especially after mercury or iodine—so tedious to patient and doctor, I have entirely cured with this remedy in a short time. In secondary syphilis it often comes in, especially after mercury and iodide of potass., and sometimes when these drugs were homœopathic to the disease if given in *curative* doses, but the affection has become more obstinate by their abusive administration, a few doses of Hepar will so change the aspect of the affection, that the true similimum will be found in one of these. It has been found most useful in measles, characterized by the croupy cough worse in the morning, without expectoration and rattling in the chest. In chronic urticaria, the eruption appearing chiefly in the hands and fingers, especially before and during the chill in intermittent fever. In eczema, especially affecting the *right* side, itching and sore, with purulent discharge, worse in the morning. In the violently throbbing panaritium with "gathering" pains, it is most useful, especially to promote suppuration. In a case of epithelioma of the cornea, the origin of which was traced to a cachexia following the suppurative process, Hepar, in a few days, caused so marked a change that it was discontinued, and Sac. lac. substituted, the improvement continuing until the cornea was perfectly clear, with the exception of one small spot on the upper and outer border. This patient had repeatedly been advised to allow extirpation of the globe. Now his vision is about the same in this as with the other eye. [This case will be elaborately reported by the aid of plates, showing the different stages of the disease, by Prof. Allen.] A woman with cataract of the left eye complained of declining vision in the right. She had received various remedies without much benefit, until her history revealed the fact that, one year ago, there appeared upon the body what she called water-blisters, and upon their disappear-

ance came the disturbance of vision. She now complains that early every morning there appears, on the right cheek under the eye, an erysipelatous swelling, which lasts a few hours, and then disappears. She says her vision is much better when the swelling "*is out.*" Upon examination, other characteristic symptoms of Hepar were found in the case, and this remedy administered. In a few days she returned, and said the swelling had left her cheek, and appeared upon other parts of the body, the vision continuing to improve.

XXXIII.

ELECTRO-MAGNETISM IN RELATION WITH HOMŒOPATHY.

By J. H. P. Frost, M.D., Danville, Penna.

"The Philosopher should end with Medicine;
The Physician should begin with Philosophy."—Aristotle.

There are eccentricities and deviations in Nature, but the higher law of *Compensation*, wherewith she provides for them all, gives proof of her pre-established and enduring harmony. This compensation becomes, therefore, the last and noblest theme of philosophy. And for this reason, "the philosopher should end with medicine." While the physician who would understand the extent and efficacy of the provision made for the ills that human "flesh is heir to," must "begin with philosophy." Sitting at the feet of Nature, he must study the instinctive and self-adapting operation of her inseparable forms and forces. Thus will he find that the most poisonous of her substances are inspired with healing virtues, and that the most therapeutic of her embodied forces are at the same time the most pathogenetic; and discover that the *medicine* with which the philosopher should end, and the *philosophy* with which the physician should begin, are united, ultimated, and perfected in the Science and Art of Homœopathy!

The essential union of matter and force,* a doctrine imperfectly

* The famous *realist-nominalist* controversy—the intellectual legacy bequeathed by the scholastic to the *mediæval* metaphysic, and since continued under various names—may be deemed to be at last concluded, now that men

apprehended by the ancients, and now just beginning to be appreciated by the moderns, lies at the foundation of all physical science and becomes the key to all physiological knowledge. The forces which sustain the bodily organization, like the substances which compose it, are derived from the physical world, in which neither matter nor force is created or destroyed. "That alone in matter which is indestructible is its indwelling power."* "Il y a donc certainment les lois externelles, inconnues, suivant lesquelles tout s'operé sans qu'on puisse les expliquer par la matière et par le mouvement."† And in order that these forces (or laws) may be understood in their ultimate and most complex development in man, it is necessary to trace them to their origin in Nature, and to study them in her earliest movements and simplest forms.

Electricity, one of the most remarkable of these forces, at first believed to be a property peculiar to amber,‡ was subsequently found to pervade every primary atom of the inorganic world; nor does it disappear when these atoms are incorporated in vegetable growths and enter into the living forms of animals and men. From numerous experiments made by him, Du Bois-Reymond concluded that nerve and muscle contain innumerable positive and negative electric molecules, which move with great

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believe on the one side that matter or body cannot exist without inherent force or spirit, and on the other side admit that spirit cannot exist without bodily form. This Swedenborg had long ago affirmed; but it was overlooked by the learned till Wilkinson—a homœopath and philosopher—renewedly called attention to it in his Introduction to the "Animal Kingdom," of that author.

* Schelling. † Voltaire.

‡ "By friction it became strongly electric; from which property originated the name and science of Electricity, *Electron* being the Greek word for amber; and with this substance Thales—B C. 548—performed the first *electrical* experiments."—*Encyclopedia Americana.*[a] Thales also taught that the *magnet* and *amber* were endowed with a soul, which is the cause of their attracting powers.—Aristotle, *De Anima.*—The word *electricity* was first used by Gilbert, in his work, "*De Magneto Magneticisque Corporibus*," London, 1600.

[a] *Amber beads*, preserved as heirlooms in families, are worn by the successive generations of children for their medicinal (electric) virtues. I have known them to cure *indurated tonsils.*—F.

regularity through the tissue.* And it is for this reason that the human body is so readily influenced by the electric currents that traverse the globe, and by those artificially produced.† *Heraclitus*—B.C. 500—taught that the ether, from which all things in nature are developed, was composed of particles perpetually in motion,‡ by whose combination is produced elementary fire and all the forms of nature. He asserted that all things were made by *contrariety;* implying that in all opposition dwelt an inherent tendency to reunion. This universal law of *polarity*, or essential *dualism*—as it afterwards came to be termed—first promulgated by Heraclitus, and two thousand years later adopted by GIORDANO BRUNO§ as the foundation of his system of physics and metaphysics, exactly corresponds to the modern notion of electricity as a single but *doubly acting force*, or as a *dual force*, whose action and reaction are constantly employed in maintaining the equilibrium of nature.

ORIGIN.—As the spontaneous movement of the primary atoms results in the evolution of light, so their agitation from without develops electricity. While accepting the ancient notion of *ether*,‖ and describing it as the third element of the world, Swedenborg anticipated some of the greatest discoveries of modern times.¶ "There are," he says, "corpuscles which resemble a

* "Electricity in its Relations to Practical Medicine," by Dr. Moritz Meyer. Translated, with notes and additions, by Dr. W. A. Hammond. New York, 1869, p. 87.

† "Animal Physiology," by Wm. B. Carpenter, M D. London, 1859; p. 345.

‡ The *Kinesis*, or local motion of Aristotle.

§ Burned at Rome for atheism, February 17th, 1599.

‖ In the most ancient Hindoo writings—believed to be as old as the book of Job, the oldest of the Hebrew Scriptures—is found the same formal idea of *ether:*

"From *ether* then operating a change, the all-odor bearing, pure,
And powerful wind is borne,—endowed with the quality of touch."

MENU, "Account of the Creation," c. i, v. 76.

¶ He wrote about 1784. CORRELATION, or *correspondence*, the master principle of this philosopher, which he traced alike through the natural and the spiritual world, may have come to him from Plotinus, as it came to Plotinus from Plato. "Never could the eye have beheld the sun," says the former, "had it not been sunlike in itself; never could a spirit destitute of innate beauty, form any conception of the beautiful."

species of effluvia, which are so small as to be enabled to move only a volume of ether, but not a volume of air; and these, if spontaneously moved, *excite light* to a certain distance. If they are not spontaneously moved, but are put in motion by means of the tremulation of the parts in any hard body in which they reside, in this case also light is excited, and *in like manner electricity*, so long as the tremulation continues."* Could any language more clearly indicate the now acknowledged correlation of light with electricity,† and of both with the heat of friction? Examples of the latter may be seen in the excitation of electricity by the friction of steam in its violent emission,‡ and in the production of electricity on a more extended scale by the friction of the air in a strong wind upon the telegraphic wires.§ External friction—rubbing the back of a cat on a frosty morning—has long been known as the source of animal electricity.‖ These instances will show the relation of the electric current to physical motion, and help explain its association with the vital movement of the living organism, in which electricity is developed in connection with chemical action.¶

In the *inorganic world* the smallest elementary particle of a natural magnet is endowed with polar situation, relation, and magnetic motion. These particles contain what may be termed free electricity or magnetism,** which, by its own constant operation, attracts every substance in relation with it and within its reach—each individual atom of the magnet contributing its own effluvia of force.†† In the *organized body* every atom retains its

* Principia, vol. ii, p. 296, London, 1846.

† Humboldt, "Cosmos," Aurora Borealis, vol. i, p. 195.

‡ Whewell, "History of the Inductive Sciences," vol. ii, p. 200.

§ Transactions of Am. Inst. of the City of New York, 1867, p. 948.

‖ Carpenter, "Animal Physiology," London, 1859, p. 340.

¶ Matteucci, Prof. Carlo, "Electro-Physiology, a Course of Lectures," Turin, 1861 (Smithsonian Reports, 1865, p. 345).

** These terms we use synonymously, since the one form of motion—or substance, according to the old idea—may be converted into the other; just as the *magnet* of inorganic nature finds its correlatives in the *amber* of the vegetable kingdom, and in the *gymnotus*, *silurus*, and *torpedo*, of the animal world.

†† It is remarkable how closely the suppositional explanation given by Epicurus—B.C. 344—coincides with the effluvia-currents demonstrated by

original, latent, magnetic force, and becomes subject to the electrical influences which pervade the particular body, as well as to those which, at the same time, affect it in common with the world at large. And each particle of *nervous substance* is still more highly endowed in this respect; for "in every living nerve there are electrical streams; every nerve is composed of a quantity of isolated molecules, endowed with electrical properties; in every nerve an endless number of little local electrical streams are present."* Similar "effluvia," Swedenborg had long before pictured and described, as flowing in "spiral gyrations" from the body of the magnet.† While *Ampere*, in 1820, taught that the magnet is made up of conducting wires in a transverse position, and, in more general terms, affirmed that magnets are identical with spiral voltaic wires.‡ This language, even now, is doubly interesting from the similarity of these "conducting wires" to the nerves themselves; from the identity of the electric current of magnets with that of organized bodies, and from the readiness with which it flows from the former into the latter.

GALVANI really discovered not only the fundamental physiological experiments of galvanism, properly so called (the contraction of the frog when touched with dissimilar metals), but also that of the *electricity inherent in the nerves and muscles*.§ He first stated that animals have a special, independent electricity, deserving the name of animal electricity.‖ His first idea of electricity in every animal—although denied by Volta, and

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Swedenborg in his "Principia," first published in 1734—and now generally accepted as correct. "The atoms which flow out of the *loadstone* so suit with those which flow out of the *iron*, that they closely knit together, and entangle with one another." Lucretius, l. vi, v. 588. Compare Stanley, "History of Philosophy," folio, London, 1701, p. 580.

* Von C. Eckhardt, "Ueber den gegenwartigen zustand der nerven-physiologie und nerven-pathologie," 1853.

† Principia, part ii, chapter i.

‡ History of the Inductive Sciences, vol. ii, p. 247.

§ "On Animal Electricity, being an abstract of the discoveries of Emile Du Bois-Reymond," London, 1852, p. 96.

‖ Morgan, C. E., "Electro-Physiology and Therapeutics," New York, 1868, p. 205.

Garratt, Alfred C., M.D., "Medical Electricity: embracing Electro-Phys-

founded on phenomena (electricity developed by muscles and nerves of frogs combined with two distinct metals) which did not prove it—was finally accepted by the scientific world. MATTEUCCI, in 1847, wrote: "Let us conclude, then, that the electrical current does not naturally exist in the nerves of living animals."* Fifteen years later, however, he had learned better, and we find him saying: "In all animals there are certain tissues which are true *electro-motors*, and the electricity developed in them stands in relation to the proper function of those tissues."† This is also true of all electric currents induced from without; and here is found the key to all electro-physiology, pathology, and therapeutics.‡

PHYSIOLOGY.—Neither in the present, nor in the pathological and therapeutical portions of this report, do we attempt to describe all the phenomena, which indeed fill volumes; but, by setting forth in order the most important, we hope to present a faithful although concise account of electricity, and to show how completely this most powerful of the forces of nature establishes the essential verity of the homœopathic law.

In the study of electro-physiology the usual distinction of *positive* and *negative* electricity, often expressed by other names, should be borne in mind, without regard to the still undetermined question of the existence of one or two electrical forces—a question of little practical importance in medicine. And exact attention must be paid to the *direction* of the electric current through the system, for the sake of the subsequent homœopathic application of the observed phenomena. The electric current proceeding *from the nervous centre* is called *direct, descending*, or *centrifugal*. That proceeding *from the extremities* or *periphery* to the *centre* is called *inverse, ascending*, or *centripetal*. And the action of these currents is spoken of respectively, as *peripheral*

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iology and Electricity as a Therapeutic, with special reference to Practical Medicine," &c. Third Edition, Philadelphia, 1866, p. 93.

* Matteucci, "Lectures," &c. London, 1847.

† "Electro-Physiology," by C. Matteucci, Turin, 1861.

‡ Professor St. Clair Gray, in 1871, by certain delicate and yet reliable experiments, succeeded in demonstrating the actual existence of an electric current between the (phosphorus of the) brain and the (sulphur of the) liver.

or *central*. The part of the body at which the current enters is called the *anode*, and that at which it leaves, the *cathode*. The general influence of the constant galvanic current being termed *electrotonus*, the state of lowered irritability of the nerve at the anode is called *anelectrotonus*, and the state of increased irritability of the nerve at the cathode is called *catelectrotonus;* these terms answering respectively to Du Bois-Reymond's *negative* and *positive* phases of electrotonus.*

The electrotonic state into which a nerve, muscle, or other organ is thrown, when under the influence of a *constant current*, appears simultaneously with the commencement of the current, continues during its flow, and ceases with its discontinuance, although the effects are less obvious while the current is flowing.† According to the law of *Marianini*, the *descending current* at the closing, after the closing, and at the opening of the circuit, causes more pain; while the *ascending current*, at the closing and opening of the circuit, causes greater contraction. If a motor nerve be subjected to the action of only a moderately intense *intermitting current*, there will follow, in all the muscles supplied by this nerve, a series of spasmodic contractions, so that if the several closings and openings of the circuit succeed one another slowly, clonic or intermittent spasms ensue; if they follow one another rapidly, in such a manner that a new contraction begins before the preceding one has ceased, rigid or tonic spasm (tetanus) results. The electro-physiological effects differ according as the current is restricted to the motor or to the sensory nerves, or allowed to affect both alike, and, as already shown, they are variously manifested during the continuation of the current, at the moment of its commencing and at its cessation. Generally speaking, these effects are in close relation with the special functions of the organs to which the current is directly applied; these

* Morgan, "Electro-Physiology and Therapeutics," p. 608.

† Meyer, "Medical Electricity," p. 41; Matteucci, "Electro-Physiology," p. 331.

Free use has been made of the treatises of *Morgan*, *Garratt*, *Meyer*, and *Matteucci*, and also of those of *Althaus* and *Neftel*, subsequently referred to; but it has not been thought worth while, after making this general acknowledgment, to incumber the margin with repeated references to the same authorities.

functions being *excited, diminished,* or *entirely suppressed,* according to the intensity and duration of the current.

Three distinct modes of applying electricity have been employed in medicine. These are, electrization, the use of static or frictional electricity, with *sparks and shocks;* faradization, the local method of applying *interrupted* or induction *currents;* and galvanization, the therapeutic use of the constant or *continuous current* of galvanic electricity. ELECTRIZATION, the mode of applying electricity first employed in the healing art, was once thought capable of accomplishing wonders. But its action was too sudden and violent, and too little under control, not to be attended with uncertainty and even danger. It failed to produce the expected permanent good results, and has fallen into comparative disuse. FARADIZATION, the application of the interrupted or induced current to individual parts and organs, introduced by *Duchenne,* and so named by him in honor of Faraday, who discovered both the electro-magnetic and the magneto-electric current,* has been extensively employed, especially for local organic difficulties. GALVANIZATION, the application of the continuous current, is in still more general use; in fact, it bids fair to supersede all other forms of electro-therapeutics, and to its influence, particularly when assisted by internal or constitutional medication, many splendid and enduring cures are attributed.

REMAK, who published his principal work three years after that of Duchenne,† repeated his experiments, and improved upon his method. He "began to study the difference of the effects of the different electrical currents, both in the healthy and in the diseased subject, and soon found that the galvanic current possesses far superior therapeutic properties to the induced currents; and that very often, where the former may be beneficial and effect a cure, the latter will be useless, or even injurious. The galvanic current alone exercises a direct action upon the organs of special senses, as well as upon the nervous centres. The galvanic cur-

* "A Treatise on Medical Electricity," &c., &c., by Julius Althaus, M.D., Philada., 1870, p 281.

† Duchenne, "*De l'Electrisation localisée,*" &c., Paris, 1855; Remak, "*Galvanotherapie der Nerven- und Muskelkrankheiten,*" Berlin, 1858.

rent, but not the induced current, produces the electrotonic state in the nerves and nervous centres. In his electro-therapeutic experiments, *Remak was always guided by the physiological action of the galvanic current, and it was his constant aim to establish a rational electro-therapeutics on the physiological laws of electrotonus.* At the present time it is universally admitted by the highest medical authorities that the scientific use of the galvanic current is the most efficient and rational treatment of diseases of the nervous system, and that some morbid conditions can be treated successfully only by this means."*

The movement of electricity through inorganic substances, and through living tissues, is variously described as sustained in a continual current of complete revolution, and as an alternate operation and cessation of the interrupted current. In vital dynamics this operation and cessation is not to be distinguished from *action* and *reaction.* For immediately upon its ceasing, the primary action of the current is succeeded by the corresponding reaction of the vital force itself. These two kinds of motion—alternate action and reaction, and complete revolution—may be in reality but different forms of one and the same movement, analogous at the same time to the vibrations of Hartley's *oscillating ether of the nerves,*† and identical with the continued, spiral, and reciprocal motion of the *"first finite"* and *"first substantial"* of the Swedish philosopher.‡ In the living organism these two forms of motion appear mutually co-operative. The blood circulates bodily in continuous revolution; while the inherent nervous force—and in like manner the electric—proceeds from particle to particle of the atoms which compose the substance of the nerve. And this latter movement is in effect no other than a form of action and reaction similar to that of the interrupted current induced from without.

In physics and in physiology alike, the *equality* of *this action and reaction* becomes a general and constant formula for the cor-

* Galvano-Therapeutics, by William B. Neftel, M.D., New York, 1871, pp. 11, 12.

† Observations on Man, his Frame, his Duty, and his Expectations, by David Hartly, London, 1748, p. 135; Fifth Ed., London, 1810, chapter i.

‡ Principia, vol. i, p. 741, London edition

relation of substances and organs, and their inherent forces. In pathology, disease and death result from the impossibility of maintaining this equality under certain circumstances. While in therapeutics, the restoration of health and the preservation of life effected by homœopathy—whether electricity, or whatever other medicinal agent is employed—consists simply in the re-establishment of this equilibrium of vital action and reaction. And the scene of this twofold movement is to be found, not in the voluntary nervous system alone, not in the involuntary or sympathetic nervous system only, *but in both.**

The magnet attracts iron because there is a correlation between them,† because there is discerned a secondary, reactive force, which answers and exactly corresponds to that which is primarily active.‡ In like manner the electric current acts freely through muscles, nerves, and nervous centres, because there is a correlation, a veritable analogy between the electric and the proper nervous force, the inherent *nerve-energy* of Du Bois-Reymond, the *Bildungstrieb* of Blumenbach; an analogy so great that many physical philosophers were led to believe in their identity.§ Among eminent physicians this opinion was entertained by John

* "Intermittent Fever, and other Malarious Diseases," by I. S. P. Lord, M.D., New York, 1871, p. 33. The special study of the *ganglionic* nervous system in its relation to disease, both by itself and in connection with the *cerebro-spinal* system, we have long regarded as most important, and Dr. Lord has certainly taken a step in the right direction.

† Uberweg, "History of Philosophy," New York, 1872, vol. i, p. 34; Hippolytus—A.D. 222—speaks of the magnet as "*attracting iron and nothing else.*"—"*Refutation of all Heresies*," Edinburgh, 1868, p. 169.

‡ "But above all was the fact of the causality (relation or correlation) existing between the magnet and the iron regarded as incomprehensible, until Swedenborg showed it, like all other phenomena of attraction, to be subsumable under the category of motion; the particles in the magnet being placed in such a manner as to cause to issue from it a current of motion wherewith it, as it were, sucks unto itself the iron."—*National Quarterly Review*, xvi, p. 351.

§ Fletcher, "Rudiments of Physiology," part ii, p. 20.

How far I am from believing in such identity may be seen in my "Reports on Physiology," Transactions of the American Institute of Homœopathy for 1868 and 1869. For further consideration of this subject, see Dalton's "Human Physiology," chapter on "Nervous Irritability and its Mode of Action," First ed., pp. 328–340.

Hunter and Abernethy; while, according to Lamarck, life, or the vital principle, is only a compound of electricity and light. REICHENBACH'S "odylic force" deserves to be considered in this connection; but it may prove to be no other than the natural inherent nerve-force displayed in an unusual manner in the "sick-sensitive" persons with whom he experimented.* Despite the boasted progress of modern science, the words of Augustine are as true now as when first pronounced: "The mode in which the spirit adheres to the body is truly wonderful and incapable of being comprehended by man; and yet this union of soul and body is the very man himself."†

One of the most important facts connected with electro-physiology and electro-pathology, and the one that identifies electro-therapeutics with homœopathy, is this same affinity-relation existing between the nerve-tissue, or rather the inherent nerve-energy, and the force of electricity. By reason of this relation it is that the electric force, imparted in small quantities and flowing in gentle and briefly-continued streams, acts as a grateful stimulus, coinciding and co-operating with the proper physiological action of the nerve itself, whether that be motor or of general or special sense. By reason of this relation it is that, administered in larger quantities and longer in duration, it convulsively excites, overpowers, and destroys the inherent nerve-force, and at last disorganizes the nerve itself, rendering it unable to respond to the natural stimulus of the will, and incapable of being roused to functional action by any other medicinal influence. And for the same reason it is finally that, if the nerve-tissue have not been actually disorganized, the mischief may be repaired by merely *reversing the direction of the current.* Experience shows that *one form of the electric force, or mode of electric action, remedies the disorders introduced by another and very simi-*

* "Researches in Magnetism, Electricity, Heat, Light, Crystallization, and Chemical Attraction, in their Relations to the Vital Force" By Karl, Baron von Reichenbach, Ph.D.; translated (with notes) by Wm. Gregory, M D., London, 1850.

† *Modo. quo corporibus adhærent spiritus omnino mirus est, nec comprehendi ab homine potest;* ET HOC IPSE HOMO EST!—ST. AUGUSTINE, born A. D. 354, died A. D. 430, "*De Spiritus et Anima.*"

lar, but not identical form or mode. So also it is proved by numerous experiments, recorded in various elaborate works of the old school, that electric currents *create* and also *calm* undue excitement of the several organs; that they *cause* and also *cure* nervous exhaustion and paralysis. This is practical homœopathy allopathically verified. And thus is "*Wisdom,*" even in nature, "*justified of her children!*"

The gymnotus, silurus, and torpedo, are largely made up of distinct electrical apparatus. The muscles and nerves of other animals are doubtless electro-motor when combined in life; for even when removed from the body and arranged in a voltaic or galvanic pile, these organs still retain vitality enough to enable them to evolve a galvanic current. According to Chauveau, there is no remarkable difference to be distinguished between the conducting power of muscles, nerves, and nervous centres, during life.* What is most important to be observed in this place is, that the stimulus exerted, or the excitement produced by electricity, or galvanism,† is exactly coincident with that of the living organism itself. That is to say, the movement which results from the influence of these electric currents is identical with the proper function of the organ to which they are applied. In other words, *the action of the electro-magnetic current in changing the state of the vital fluid, or inherent nerve-current, and in producing motion, is exactly like that of the will in causing similar motion.* "*For there is no sense without nerves, and* NO MEAN TO SENSE IN THE NERVES BUT MOTION."‡ And the same increase of heat—resulting from chemical change in the muscles—follows muscular contraction produced by the animal instinct or the voluntary will, and that caused by the electric current.§

It has been stated, already, that the electricity developed in living organs acting as electro-motors, stands in close relation to their proper functions. This is equally true with respect to the

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* U. S. Journal Hom. New York, 1860, p. 733.

† When speaking in general terms, the expressions, *Electricity* and *Galvanism*, are used indifferently; when mention is made of particular actions, the proper distinction as to the kind of current will be observed.

‡ "Outlines of the Infinite," by E. Swedenborg, p. 42.

§ Matteucci, "Electro-Physiology," p. 345.

operation of electric currents induced from without. The *muscles*, for example, contract; and this is the only excitant which can produce contraction in the muscles without the intervention of the nervous filaments.* The primary influence of the electric current upon a *motor* trunk of the voluntary system of nerves, is not to be distinguished from the contractions naturally occasioned in the muscles they supply. If the current be passed through a *sensory* nerve, it will excite the peculiar sensations which the impressions normally conveyed by that nerve are adapted to produce. Humboldt observed that continuous electric excitation, applied to the cardiac plexus, rendered more frequent the pulsation of the heart. When the ganglionic system of the abdomen is operated upon, the vermicular motion of the intestines is accelerated. The passage of the electric current through the ear excites a continuous sound; in the eye a luminous sensation is produced at the beginning and at the termination of the passage of the current.†

QUANTITY.—Electricity exists, or is evolved on a large scale, in what are termed electrical animals, and there is little doubt of its presence, although in minor degree, in all others. Becquerel indeed denies that this has been proved.‡ But in the light of modern science no other proof would seem to be needed than the correlation, the affinity, and apparent identity of induced electricity with the vital principle itself. This correlation and *quasi* identity is shown in the comparative results produced by the application of the electric current to the muscles of a frog, in which the labor performed by muscular contraction is at least twenty-five or thirty thousand times greater than that which would correspond, according to the mechanical theory of heat, to the quantity of zinc consumed, or to the current by which the nerve is excited§

The human system has the same tolerance of large quantities

* First demonstrated by Longet, in 1841; subsequently confirmed by *M. Cl. Bernard.* Vide Becquerel's "Report," translated in Psych. Med. Jour. New York, Oct., 1847.

† Matteucci, "Electro-Physiology," pp. 316, 317.

‡ "Report on the Application of Electricity to Therapeutics," p. 315.

§ Matteucci, "Electro-Physiology," p. 300. This augmentation of nerve-power by electricity, bears a remarkable analogy to the wonderfully increased muscular power so often displayed by the insane.

of electricity that it has of heat. But in either case the amount must be gradually received and as gradually given off, or the organization is destroyed by the shock. A similar although less violent result follows the quick opening and closing of the circuit, by which is induced a rapid alternation of the normal and electrotonic state. These quickly succeeding contractions and relaxations of the muscles induce tetanus, exhaust the nervous power and soon destroy life. Thus it is not so much by the increased quantity of the electric fluid, as by the greater rapidity of its accession and intermission, that the resulting phenomena are changed from an innocent physiological to a painfully pathological and even fatal character. Similar results follow the brief or protracted action of the *continuous* current. Flowing for a short time on the motor nerves and muscles, electricity stimulates their vital energy. But if the action is kept up for an hour or more, the motor power of these organs becomes exhausted, and temporary paralysis or permanent disorganization is produced.

The moderate action of electricity is that of a pure stimulus of the special functions of the organs to which it is applied. When carried to excess, as with every other stimulus, it is followed by a corresponding depression and morbid reaction; or by such exhaustion (paralysis) as indicates complete incapacity for any reaction. This fact involves the whole physiology, pathology, and homœopathic therapeutics of electricity. In the physiological sphere, the milder currents coincide with the proper functions of the affected organs; in the pathogenetic sphere, the stronger currents, according to their intensity and duration, render those functions morbid, or even suppress them; and in the therapeutical sphere, corresponding currents, but of much milder intensity, restore similar, naturally arising pathological conditions to their primary physiological state.

PATHOLOGY.—In its gentle form electricity produces a flash of light when applied to the eye; sounds when applied to the ears; muscular contractions when directed to the motor nerves, and sensations of pricking and heat when applied to any part of the skin.* And these phenomena result, whether the electric influence is

* Althaus, "Medical Electricity," p. 128.

brought directly upon the organs themselves, or transmitted to them from the base of the brain. In its severer and longer-continued action, the galvanic current stimulates or paralyzes the nerves of motion and general sensibility; exaggerates or destroys the irritability of the nerves of the special senses, and morbidly increases, diminishes, or totally annihilates the functional operation of every individual organ subjected to its influence. The following particulars, mostly gleaned from the works already cited, will at the same time confirm the truth of the principle here asserted, and afford sufficient ground for the therapeutic application of this agent, in accordance with the homœopathic law, even where it has not yet been pathologically tested.

THE ORGANS OF MOTION AND GENERAL SENSATION.—The various influence of the different electric currents upon the muscles and sensory nerves, has already been referred to as being in line with their special functions, and as consisting in an increase, a diminution, or suppression of their organic activity, according to the direction, intensity, and duration of the particular current. Thus we have contractions, convulsions, tetanus, and paralysis of the muscles, and hyperæsthesia, and more or less complete anæsthesia of the nerves of general sensation. But it is unnecessary to recite details which are contained in every recent work on Electro-Physiology*, and whose correspondencies may be found, condensed, in the therapeutical portion of this report.

The Heart.—Largely composed of muscles, animal or organic, and endowed with different functions, the heart is differently affected by galvanization, according to the parts acted upon. By such various application the pulsations may be augmented, restricted or suppressed. If the pneumogastric nerves are galvanized, the actions of the heart, as well as the respiratory movements, are arrested and the eyes protrude. Prof. Mayer, of Bonn, found that the galvanic current entirely arrested pulsation of the heart for the time that it lasted, the motion being

* The treatises of Althaus, Garrett, Meyer, and Morgan, will be found very full and complete in this respect. THE STUDY OF THE PHYSIOLOGICAL (PATHOGENETIC) ACTION OF ELECTRICITY INEVITABLY LEADS THESE AUTHORS TO ITS CORRESPONDING THERAPEUTICAL APPLICATION.

restored when the galvanic influence was withdrawn.* Most of the electric studies of the heart's action, like many other physiological investigations, are vitiated by the torture and death of the animals subjected to such cruel vivisections.† But enough is known to prove that the general actions of this organ, as well as the particular functions of its component parts, are increased, arrested, or destroyed, by the galvanic current, according to its direction, intensity, and duration.

The Brain.—A powerful electric, or electro-magnetic current passing directly through the head, may cause "sickness, fainting, vomiting, and even convulsions." The medullary substance appears in general as insensible to actual contact of the electrodes as to ordinary touch. The hemispheres gave no results when the poles were applied to them. But irregular contractions were produced when they were directed to the tubercula quadrigemina, and tetanic convulsions resulted from a similar application to the medulla oblongata. When Matteucci directed the poles of a pile of sixty pairs to the tubercula quadrigemina and crura cerebri, the animals cried out lustily, and at the same time all the muscles of the body were contracted. The continuous galvanic current alone has distinct physiological action on the brain. But this action is reflex, and manifests itself in affections of the various organs of special sense, when a gentle continuous current directed to the face, scalp, and neck, is transmitted from those parts to the central substance. Several cases have occurred in M. Duchenne's practice, where, by the injudicious application of faradic electricity to patients who had suffered from hemorrhage into the brain, another apoplectic attack was caused.‡

The Eye.—At the moment when the continuous current is closed, and again when it is opened, from acting upon the optic nerve, a faint flash of light is seen; this, according to Althaus, is in consequence of the vital energy of the optic nerve being roused by galvanism. A similar luminous appearance I have often seen for some minutes upon putting out my light after reading in bed at night. "The flash of light perceived in con-

* Living Age, vol. xi, 1846, p. 284.

† Magendie, "Physiology," p. 428.

‡ Althaus, "Medical Electricity," p. 447.

sequence of galvanic stimulation of the retina appears colored." The intensity of the flash is directly proportioned to the intensity of the currents employed; and instantaneous blindness may ensue.

If an intense constant current be applied directly through the eyes, there follows an appearance of fire and flame, and, by careless use of this, even injury to the retina. The light which is perceived when the constant or interrupted current is used, is colored; and it has been observed that when the positive pole is placed on the closed eyelids, and the negative taken in the hand, there appears in the region of the *macula lutea* a very intense bluish light, which, interrupted by dark-colored circles, fades out toward the periphery. If, on the contrary, we reverse the poles, a reddish light appears, which, most vivid in the periphery of the field of vision, vanishes towards the centre. When the intensity of the circuit is considerable, the whole field of vision is lighted up with tolerable uniformity.*

"Brenner has shown that the optic nerve reacts with two colors simultaneously. Under the influence of the *cathode*, a blue centre is perceived, surrounded by a yellowish-green color; under the influence of the *anode*, the centre is yellowish-green and the periphery blue."† The direction of the current has much to do with the increase or diminution of light sensation in the eye, as well as with the perception of various colors. Under the influence of the cathode, objects are seen more clearly; under that of the anode they appear darker and more distinct. "The darkening of the visual field during the action of the downward current proves, according to Helmholtz, that the electricity not only stimulates but also alters the irritability of the nerve. Thus, with feeble currents, we get increased irritability of the nerve-piece when the positive electricity enters, and decreased irritability when it leaves; so that, with the upward current, this increase is at the cerebral, and the decrease at the retinal end of the nerve. The variations of the special light of the eye will then, in accordance with Pflueger's law, be explained by assum-

* Meyer, "Medical Electricity," p. 71.

† Neftel, "Galvano-Therapeutics," p. 88.

ing that the internal stimuli giving rise to it, act on the cerebral end. In this case the upward current must give rise to increase, the downward to decrease, in this special light. It is uncertain whether the opposite colorations of the optic disk are due to contrast action, or not."* In certain disordered conditions of the optic nerve, the galvanic current will call forth only flashes of light and scarcely any perception of colors; in other disordered conditions, the current produces distinct perceptions of color, and no flashes of light.

The interrupted current produces, moreover, where we conduct it in the transverse or vertical direction through the eyeball, a horizontal or perpendicular oval distortion of the pupil, and it increases the tears; but affects the retina, like the continued current, very little. The pupil of the eyeball enlarges when that portion of the spinal marrow is acted upon by electricity, which lies between the seventh cervical and the sixth dorsal vertebræ. *Paralysis* of the muscles of the eye, and total *blindness* are caused by the too powerful influence of the galvanic current. Matteucci observed that albumen coagulated around the positive electrode; but did not find that this coagulation was ever dispelled by the negative electrode. Hence he concluded that with the electric current a *cataract* may with great certainty be created, but not cured.† This conclusion, which would practically refute homœopathy, has been proved erroneous by subsequent experience.

The Ear.—Both the continuous and the induced currents are able to rouse the vital energy of the auditory nerve, which responds to the stimulus by sounds. By the continuous current sounds may be produced during its flow, as well as at the closing and opening of the circuit. Various noises, such as humming, hissing, rolling, ringing, whistling, shocks in the head, and even total *deafness*, may be caused by electric currents of different intensity and duration. Volta, experimenting on himself, felt a peculiar acoustic sensation, "like the boiling of a viscid fluid." Ritter experienced "a distinct musical tone at the closing and breaking as well as during the continuation of the current."

* Morgan, "Electro-Physiology and Therapeutics," p. 622.

† Lectures on Electro-Physiology, p. 317.

According to Neftel, "the acoustic sensation produced by the galvanic current is commonly that of a clear, high, sharp, metallic sound, sometimes of a pleasant musical character, like the ringing of a bell, the sound of a stretched cord, as of a guitar or other stringed instrument, the sound of a glass or of vibrating metallic plates. It may be like a murmur, the rolling of a heavy vehicle, the distant explosion of a cannon. In every individual the acoustic sensation is always found the same when produced under similar conditions, and with the same current intensity."* The walls of the meatus, and especially the tympanic membrane, become injected and covered with a uniform red color, and the secretion of ear-wax is increased under the influence of the galvanic current. And instances may be found recorded in which the unskilful, protracted, and too powerful application of electricity has resulted in total deafness. Paralysis of the auditory nerve, which may readily follow such treatment, would be attended with irremediable loss of hearing.

The Tongue.—A specific sensation of taste, the "electric taste," is produced by the continuous current; this may be acid, alkaline, or bitter, according to its mode of application and direction. This is an independent and purely subjective sensation; neither acid nor alkaline depositions being present. On applying the positive pole of a feeble battery to the tongue, and holding the other in the hand, the closing of the circuit is marked by an acid taste persisting during the continuance. The application of the negative pole to the tongue gives rise to a peculiar taste, variously described as bitter and harsh, caustic and alkaline. Ritter established the following law for electric taste: at and during the *opening* (*i. e.*, at the cessation of the current) the upward current gives an alkaline, the downward current an acid taste. If a zinc plate be placed on the back of the tongue, and a silver plate under the same, and their free ends brought in contact, a stinging, *sourish* taste is perceived on the upper surface of the organ, and a slightly alkaline one (or none at all) beneath it. In consequence of the connection of the chorda tympani with the lingual nerve, applications of the induction current to the mem-

* Galvano-Therapeutics, p. 40.

brana tympani produce an unpleasant *metallic taste* on the middle of the corresponding side of the tongue, and an *increased flow of saliva*. Touching the electrodes to certain points of the face and neck occasions a decided metallic taste, which to different persons may seem sour, or bitter, or styptic. These facts are mainly interesting as showing that abnormal and persistent sensations of taste may indicate disease outside of the mouth; just as temporary loss of taste and smell may result from a cold in the head.

The Organ of Smell seems less amenable to electricity; only the continuous current suffices to rouse the vital energy of the olfactory nerve. And the necessary intensity of the current renders all such experiments very painful. Ritter, employing a voltaic pile of twenty pairs, experienced an *acid smell* and *loss of the capability of sneezing*, at the commencement of the inverse current, and during its continuance; at its cessation, and for a short time after, he perceived an ammoniacal smell and disposition to sneeze. With the direct current, on the contrary, ammoniacal smell and disposition to sneeze occurred on establishing the circuit, and during its continuance; while an acid smell and loss of capability of sneezing took place on the discontinuance of the current, and for a short time after. Meyer "perceived *an increase of the mucous secretion*, as well as a pricking, stinging sensation in the nose." Althaus, applying a sufficiently powerful continuous galvanic current to the mucous membrane of the nose of a man affected with anæsthesia of the fifth pair of cerebral nerves, but whose sense of smell was normal and had never been impaired, reports that a decided *phosphorous smell* was perceived by the patient.

THERAPEUTICS.—"The electric property of the *Narke*," says a late writer, "suggested to ancient practitioners the idea of trying its efficacy in the cure of headaches and painful nervous affections, applied epidermically; and DR. GALEN, WHO SEEMS TO HAVE BEEN A STRONG HOMŒOPATH, advises the *numb-fish* (which he erroneously supposed to retain some electric virtues after death and stewing) as a dish to paralytic patients, with a view to cure their numbness, doubtless on the *similia similibus* plan."* SCRI-

* Frazer's Magazine, 1852, p. 278.

BONIUS LARGUS, GALEN, and DIOSCORIDES speak of the local application of a living *torpedo* in headaches and gout; and as an article of food and medicine, the torpedo seems to have enjoyed quite a reputation among the ancient epicures.* According to Sir John Herschel, we are to look to electro-dynamics for the *vera causa* of the Newtonian philosophy.† And as internal convulsions and external storms of the earth are occasioned, and the equilibrium of nature again restored, by changes in terrestrial magnetism; so is the health of individuals disturbed by natural or artificial currents of the same universal force, and composed by its medicinal application.

The recently-discovered correlation of the principal forces of inanimate nature marks a new era in modern science. These mutually convertible forces, operating in the living forms of animals and men, are seen to harmonize with their vital powers, and by some are believed to constitute them. This correlation of the lower forces with the higher and highest, of physical force with psychical power,—this reciprocal action and reaction of each substance and form upon every other, becomes the great question of the present age. And the study of this question, so much assisted by physiological and pathological investigations, is still further advanced in *therapeutics*. Here every step leads to fresh confirmation of that *law of the similars*, which may well be termed HAHNEMANN'S, since, although he did not actually discover it,‡ he was the first to establish it in theory, and to reduce it to practice as the basis of a new, complete and successful method of healing. And by no other of the forces of nature is that study better illustrated or this law more decisively confirmed than by *natural magnetism* or electricity, and its correla-

* Morgan, "Electro-Physiology and Therapeutics," p. 552.

† "Terrestrial Magnetism," Chambers's Journal, 1847.

‡ In this respect it is impossible not to differ from the learned author of "*Seven Notes on Hahnemann and his Absurdities*," "Hahnemannian Monthly," Jan., 1872.—The true glory of Hahnemann consists not in a fanciful and unessential "*independence of quality from quantity*," but rather in his first formal enunciation and practical demonstration of that *law of the similars*, which, involving the whole doctrine of correlation, comprehends the entire physiology and psychology of man, as really as Newton's *law of gravity* does the mechanism of the universe.

tive, animal magnetism or psychic force; the one ultimate, purely spiritual, and manifesting itself independently of any particular body; the other natural, subtle as the ancient ether, pervading every substance and form, and confined to none.

As the specific action of any organ may be increased, diminished, or destroyed by electricity, so, in cases of simply exaggerated, insufficient or deficient functional action, such exactly as electricity causes, this agent proves completely restorative. And this is equally true of the voluntary and of the involuntary nervous system, of the nerves of motion, of general and of special sensation, and of all other organs; while this essentially homœopathic nature of electricity as a medicinal agent is clearly seen in each of the three great classes—*catalytic*, *anti-spasmodic*, and *anti-paralytic*—into which its action has been divided.*

In the first-named class, a morbid condition of the tissues caused by defective circulation is removed, not by purely physical electrolysis, but physiologically, by promoting the functions of circulation and absorption. Thus an actual transfer of liquids and dispersion of effusions is brought about. In the two latter classes the galvanic current is seen to remedy those various forms of spasm and paralysis which it is so well known to create; while both anæsthesia and hyperæsthesia of the nerves of general and special sensation are certainly produced and removed by the same agency in its different intensities and durations. And many varieties of organic disorder, which so far have not been observed to be produced by electricity, have notably been cured by it. This is equally true of all the great homœopathic medicines, whose therapeutic use, although in the line of their pathogenetic experiment, extends far beyond its limits. In either case there is no doubt but that were the pathogenesis carried far enough, corresponding diseases would be developed.

The following partial enumeration of the disorders cured by

* Althaus, "Medical Electricity," p. 424.—There seems to be something catching in the homœopathicity of this "greatest force of nature;" for says the author who thus terms electricity: "There may occur fevers and inflammations even *that will not bear the antiphlogistic treatment*, but which, as is well known, ARE RAPIDLY CURED BY THE OPPOSITE COURSE."—GARRATT, *Med. Elec.*, p. 15, *Preface.*

electricity, mostly gleaned from authors already cited, will serve to illustrate the principle inculcated in this report, and conclude our notice of the relation of electro-magnetism to homœopathy.

ORGANS OF MOTION AND GENERAL SENSATION.—*Spasmodic Disorders:* epilepsy, chorea, asthma, muscular contractions, facial spasms, hysterical spasms, ague, *ileus, colica pictonum*, strictures of the urethra and œsophagus, tetanus,* trismus. In hydrophobia the spasmodic symptoms were relieved, but the poison killed the patient all the same. *Paralytic affections:* hemiplegia, paraplegia, catalepsy, scrivener's palsy; paralysis, spinal, cerebral, rheumatic, even of the bowels,† saturnine, traumatic, reflex (from diseases of urinary organs, *e.g.*), hysterical, vesical, infantile, of the nerves and muscles of the eye, face, vocal cords, pharynx, and œsophagus; paralysis of the sympathetic after diphtheria; constipation, incontinence of urine, impotence, spinal weakness. In *tabes dorsalis*, FIEBER recommends exclusively the galvanic current, and advises it as a valuable palliative in *progressive locomotor ataxia.* Recent cases of the latter affection, according to Althaus, are often cured by it, and Dr. P. Spillmann details a well-advanced case cured by the continued galvanic current.‡ *Anæsthesia*, various forms of. Hyperæsthesia: tic douloureux, cephalalgia, sick-headache, and many varieties of neuralgia. I would especially advise the gentle use of galvanism in that most distressing and intractable affection, *angina pectoris.*

THE HEART.—Palpitation; aneurism, and various disorders of the heart and arteries. Rheumatic affections, even with effusion; pericarditis; narcotism; muscular weakness; fainting, and threatened cessation of the heart's action.

THE BRAIN.—Mental disorders intimately associated with nervous derangement, or arising from impaired cerebral nutrition, or other morbid conditions of the brain. Loss of mental

* The continuous galvanic current effected a cure of a severe case of tetanus of ten days' duration.—"*American Practitioner*," 1872, Jan., p. 93; cited in "*New Remedies*," edited by Horatio C. Wood, Jr., M.D., April, 1872.

† A case of rheumatic constipation, of forty days' continuance, was relieved by twenty minutes' application of the negative pole to the rectum and positive to the umbilicus.—*Bulletin General Therapeutique*, Jan. 15, 1871.

‡ Revue de Therap. Medico-Chirurg., Oct. 1871.

energy; impaired memory; diminished power of application. "Extreme weakness of memory, and apt to break out into tears on the slightest occasion." Paresis; hypochondriasis; apoplexy; vertigo; *delirium tremens;* hemicrania. Morbid appetite for spirits, opium, and tobacco, although not necessarily referable to the brain, may be set down here as cured by electricity.

THE EYE.—Amaurosis; amblyopia; diplopia; photophobia; impaired vision, with *retinitis pigmentosa;* opacities of the cornea; cataract. This last Matteucci denies from experiment; but Dr. A. Von Graaf, later, affirms it from experience. With the aid of the ophthalmoscope, Dr. Hammond discovered that the galvanic current causes congestion of the retinal vessels.*

THE EAR.—Deafness, nervous, hysterical, traumatic; otalgia; *tinnitis aurium,* even that caused by quinine. Failure of secretion of ear-wax. "Inveterate opacities, and thickening of the tympanic membrane."†

THE TONGUE.—Loss of taste; glosso-pharyngeal paralysis.

ORGANS OF SMELL.—Anosmia. Ozæna.

MIDWIFERY.—The successful employment of electricity in tedious labor, retained placenta, placenta prævia, and dangerous hemorrhages, is accounted for by the wonderful efficacy of this influence in causing and curing that nervous debility and muscular inaction from which these troubles mainly spring.‡ BECQUEREL advises against the use of electricity *during the catamenial flow, as being very sure to stop it.* GARRATT testifies that *electro-magnetism is our great ultimate emmenagogue;* also, that *it will as surely stop the menses if applied during the flow.*§ NEFTEL reports a cure of dysmenorrhœa with profuse menstruation.‖ In Guy's Hospital, electricity is considered the only true and reliable emmenagogue. Chlorosis, chronic metritis, and various

* A Treatise on Diseases of the Nervous System. By William A. Hammond, M.D. New York, 1871.

† Galvano-Therapeutics, p. 50. Dr. J. W. Holland reports a very interesting cure of "nervous deafness," of fifteen years' standing, by a few applications of the "feeblest current from a volta-faradaic coil that was perceptible to the hand."—*American Practitioner,* January, 1872; quoted also in "New Remedies," edited by H. C. Wood, Jr., M.D. April, 1872.

‡ Meyers, "Med. Elec.," p. 452. Althaus, Id., p. 658.

§ Medical Electricity, p. 939. ‖ Galvano-Therapeutics, p. 109.

uterine displacements, have been successfully treated by this agency.

MISCELLANEOUS.—Asphyxia; dyspepsia; rheumatism* and rheumatic gout; rheumatic and traumatic nodosities and exudations; goitre, hydrocele, and other tumors—these the electrolytic treatment slowly disperses. Diabetes; suppressed secretions and excretions, of urine *e.g.;* spermatorrhœa; sterility; vomiting; sea-sickness; tympanites, and flatulency. DR. GRAPENGIESSEN (Berlin, 1804), with the voltaic current of electricity, made cures of amaurosis, *tumor albus*, rheumatism, sciatica, and palsies.†

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* "On the Therapeutic Application of Electro-Magnetism in the Treatment of Rheumatic and Paralytic Affections." By Robert Froreiss, London, 1850, p. 29.

"A Case of *Acute Rheumatism* cured by Means of the Magneto-Electric Machine," is reported in *Hom. Examiner*, "New Series," vol. ii, p. 76.

† Garratt, "Medical Electricity," p. 154. Hahnemann, "Organon," pp. 86, 92, and 128, cites more than twenty authors, whose testimony proves the purely homœopathic action of Electricity in healing the sick.

With reference to *the excitation of light and electricity by friction* (p. 526), see the "*Physico-Mechanical Experiments*" of F. Hawksbee, F.R.S., London, 1709. The *rediscovery* of what he has here described, was deemed a remarkable discovery.

Dr. H. C. Hubbard reported a short proving of Electro-Magnetism on himself in *N. Y. Hom. Review*, vol. v, p. 277.

XXXIV.

AN APPEAL FOR THE PUBLICATION OF A COMPLETE MATERIA MEDICA.

By Wm. E. Payne, M.D., Bath, Me.

No present need of the profession seems to us so great as that of a new and complete edition of the Materia Medica.

Nearly a quarter of a century has gone by since the publication of the "*Symptomen Codex*," the work upon which the profession has principally relied; and, in this time, many valuable provings have been made, some of which remain scattered through the periodicals of the day as they were originally printed; others have been gathered up and given to the profession in the shape of *monographs* or *volumes* which embrace only indigenous remedies; while still others have been *revised*, with a general *revision* of the older provings, and published as *text-books*, *manuals*, &c.

Thus, the Materia Medica, which must be for all time the daily companion of every homœopathic physician whose aim is the utmost attainable proficiency in the practice of his art, is divided into fragments so numerous and varied, that many of the provings are virtually beyond the reach of the larger part of the profession. The above facts, if there were no others, furnish good and sufficient reasons for bringing the subject before the Institute, and urging such action as will tend to push forward the work in the most expeditious way.

But another and scarcely less weighty and important consideration is the fact, that the "*Symptomen Codex*," the most comprehensive work on the Materia Medica we have ever had in the

English language, is now entirely out of the market. Not a copy is to be had, unless occasionally one may be obtained at secondhand, from the library of some deceased member of the profession. But so rare are such opportunities, and the want so great, that the sum of thirty dollars for a set which originally cost but nine dollars, has been asked and obtained.

Now, while we cheerfully concede the great service this "*Manual*" has been to the careful practitioner, we urge that the wants of the profession have largely outgrown its ability; and this is no less true of all the other *manuals*, *epitomes*, and *repertories* of the Materia Medica.

In its earlier days, when the final triumph of homœopathy was doubtful to all but the intelligent student and practitioner, and no publisher could be found who was willing to risk an outlay sufficiently large to place before the profession a complete unabridged edition of the Materia Medica, these several publications performed important service. But now, when the vigor and promise of the profession are a sufficient guarantee to any publisher that he would receive not only substantial reward in the shape of large sales, but also such additional satisfaction as the sincere gratitude of the profession may afford, a reprint of none of these volumes seems called for by the necessities of the case, and should not, as we think, be undertaken or encouraged; nor should any proposition to publish anything short of a full edition of the Materia Medica receive encouragement from the profession.

The great variety of forms in which fragments and abridgments have been published, makes the expense to the physician, whose purpose is to add to his library all that promises advantage, equal, if it does not exceed, the cost of a complete Materia Medica; and still his absolute needs are unsupplied; for all these publications together, besides being very inconvenient, come far short of what is attainable from a complete and well-arranged edition of the provings. As a matter of economy, then, as well as the professional advantages offered, the publication should be urged.

By a complete Materia Medica we mean a Materia Medica *unrevised*—one that embraces all the symptoms as they have been

recorded by the provers; for we do not believe that such a *revision* as the spirit of homœopathy demands, can be made in the study, even by the most accomplished member of our ranks; and the recorded experience and observation at the bedside is, as yet, insufficient to warrant the erasure of many of the symptoms as they stand in the provings.

When the proving of drugs upon the healthy organism is completed, the work of making a "*pure Materia Medica*" is, as we believe, but half accomplished. The whole ground must be retrodden. At the bedside, and there alone, can the other half of the work be done; there is to be instituted the test which is to prove beyond question the genuineness of the symptoms as they have been recorded by the provers. Peculiar faculties of the mind and uniform good health are required for the successful prosecution of the former work; hence the provings mainly have been, and still must be, done by the few self-sacrificing and earnest workers in the profession; while the latter part of the work, that is, the proof obtainable at the bedside, which requires no less acuteness of observation and discrimination, is the legitimate work of the profession at large, and involves a duty that no one can ignore and rightfully claim to be a faithful co-worker in the great business of advancing the science of therapeutics. But the preliminary step by which this latter work may be facilitated is, the placing within the daily reach of every physician a complete Materia Medica, one that embraces all the recorded symptoms of drug-provings up to the present time; not only all symptoms that have the mark of clinical confirmation affixed to them, but also all that have not been proved spurious beyond question by the same clinical test; and in this condition the Materia Medica could be better and more thoroughly repertorized or indexed than it can in its present form.

An alphabetical arrangement of the drugs would doubtless prove more convenient than any other for daily reference; moreover the time for scientific classification or family grouping of the remedies for daily reference has not yet arrived; much work is to be done, much more observation and experience is to be gained before this can be accomplished; and especially, as it seems to us, must the question be settled, as to whether the remedies should

be classified in accordance with their botanical affinities, or their pathogenetic effects upon the various tissues of the organism.

Several attempts have been made to publish the Materia Medica entire; but all have resulted in failure. Either the profession could not see the importance of such an enterprise, and failed to hold out sufficient encouragement, or the fire under which the enterprise started prematurely burned out. Whatever may have been the cause, no obstacle should now bar the resumption and steady progress of the work to its completion. The profession could liberally sustain a publisher if each member thereof would subscribe but for a single copy. Shall this be done?

The Materia Medica commenced by Hering seems to be unexceptionable in thoroughness; but in our judgment should be arranged alphabetically, for the greater convenience of the physician. Shall this publication go forward? No member of the profession, either in this country or Europe, is better qualified than Hering to lead such an enterprise; and the profession cannot afford to lose the great advantage that his superior ability and learning proffer. But Hering is advanced in years; and from the slow progress his Materia Medica is making, it is very certain that he must have encouragement and assistance, or the end never can be reached under his supervision.

We would not advise the Institute in its corporate capacity to undertake or become responsible, pecuniarily, for the publication of the Materia Medica, nor do we deem this necessary in order to assure the speedy completion of the work; but, being a representative body, the expression of a desire that the work may be done, and in the most expeditious way, would have great weight, and be regarded as the expression of the wishes of the profession, and a virtual pledge to the publisher of its patronage.

XXXV.

RESOLUTION

ADOPTED BY THE MAINE HOMŒOPATHIC MEDICAL SOCIETY, TO BE FORWARDED WITH DR. WILLIAM E. PAYNE'S APPEAL.

AT a meeting of the Homœopathic Medical Society of Maine, holden in Augusta, May 9th, 1872, the following resolution, offered by Dr. James B. Bell, was unanimously adopted:

Resolved, That in the opinion of this Society there should be an immediate publication of a *full and complete Homœopathic Materia Medica;* and that such a one will meet the active encouragement of this Society and the profession; and that Dr. Payne be requested to forward a copy of this resolution to the American Institute of Homœopathy, with the appeal which he is about to make to that body.

WILLIAM E. PAYNE,
Recording Secretary.

REPORT OF THE BUREAU OF MATERIA MEDICA ON THE ABOVE RESOLUTION.

The immediate publication of a "*full and complete Homœopathic Materia Medica,*" urged by the Homœopathic Medical Society of Maine, and referred to our bureau for consideration, is a subject of such importance, and is so intimately connected with the matter of a more thorough and correct proving of medicines, upon which we are already instructed to report at the next meeting, we deem it advisable to make no recommendation at this time.

The labor and expense of gathering all of our present provings

together in several large volumes would be very great, and in our judgment should be deferred till we consider fully the practicability of a re-proving of our remedies, under conditions and in ways calculated to separate more completely the genuine from the spurious, the characteristic from the common, in our vast collection of drug symptoms.

NOTE.

In the "Transactions of the American Institute of Homœopathy," of the year 1871, page 458, in Art. XXV, entitled "Retrospect of Materia Medica Work during 1870," in a paragraph referring to the symptomatology of *Formica rufa*, published by Dr. C. Lippe in the "North American Journal of Homœopathy" for May, 1871, the following sentence occurs: "The daily records of the provers are not given."

This having been erroneously received as an affirmation that the "day-books" of the provers of Formica have *never* been published by anybody, I now state that such "day-books" were published by Dr. Ad. Lippe in the "North American Journal" for May, 1871, and I am informed that it was from these "daily records" Dr. C. Lippe compiled the summary to which I referred.

CARROLL DUNHAM.

NEW YORK, June, 1872.

SECTION III.

REPORT

OF THE

BUREAU OF CLINICAL MEDICINE,

S. M. CATE, M.D., ... Salem, Mass.
A. K. HILLS, M.D., ... New York.
D. H. BECKWITH, M.D., ... Cleveland, O.
J. C. BURGHER, M.D., ... Pittsburg, Pa.
J. P. DAKE, M.D., ... Nashville, Tenn.
W. H. HOLCOMBE, M.D., ... New Orleans, La.
DAVID THAYER, M.D., ... Boston, Mass.
F. M. CRAGIN, M.D., ... Norwood, Mass.
L. M. KENYON, M.D., ... Buffalo, N. Y.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME I. NUMBER 6.

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XXXII.

TYPHOID FEVER.

By S. M. Cate, M.D., Salem, Mass.

Typhoid fever causes the busy physician more anxiety and careful attention and study than many other diseases. Though prevailing in some localities more than others, and in New England, more in the country than in the city, it comes to the attention of all in full practice under a considerable variety of forms and of degrees of intensity. Some epidemics are easily controlled by the prescribed medicines, management, and diet; while in others, with the best treatment that the physician can apply, some cases are protracted a great length of time, and some prove fatal. The record of any full medical practice will show this statement to be correct, and the reports given in our medical journals, and in those of all medical schools, show that forms of continued or typhoid fever are frequently met, which are not well understood or successfully treated. The difficulties attendant upon the successful management of all forms of this disease are acknowledged by all, and, though less in the homœopathic than in other schools of medicine, are still such in the homœopathic school, that any good work done upon the subject will be useful to the profession.

It is in this view of the subject that the effort is here made. For a full, exhaustive treatment of the subject, a large volume would be required, instead of a paper appropriate to this meeting. Hence such portions only will be taken up as can be brought within the limits of this paper, keeping the practical

side of the question most prominently in view; hoping by such a course to clear away some of its present practical difficulties.

There is, no doubt, considerable difference in the typhoid fever as it is observed in different climates and different countries. Thus, this fever, as seen in the malarious districts of the South and West, differs from that found in most parts of New England. One cause of the difference is to be found in the modifying influence of the malaria of the West, and one in the various rules of classification adopted by the different observers. The description of the disease as given by Dr. Hartman, I have always found to apply to the typhoid fever existing in New England, and the treatment as indicated by him very reliable and successful. In fact the description of this disease, as given by Hufeland, is found at this day to be remarkably clear and correct. But the little work by Dr. Rapou, though written later, has in my hands failed as a trustworthy guide in practice; and it is difficult to find in its pages a picture of the disease as it appears in New England. So the disease, as described by the medical writers of the South and West, has shades of variation from the type found in the East.

There is considerable confusion in the minds of medical writers as to the difference between the typhoid and typhus fever. Some claim that it is the same disease, while others attempt to point out a difference. The most studied efforts to show a distinction have left the mind in doubt, and the fullest argument to show that it is only a modification or different manifestation of the same disease also leaves the impression that, after all, there may be just ground for a distinction. A fuller knowledge of all the phenomena classified both as typhus and typhoid fever, will probably show that there is not only two, but several distinct diseases described under these two names. Several different poisons may enter the human system and produce the general derangement known as typhus or typhoid fever. Thus the animal poisons which are produced in jails, hospitals, and crowded emigrant ships, the absorption of pus and other abnormal secretions, and the poisonous gases from large sewers, which contain both animal and vegetable matter, would vary in some measure from a purely animal poison; and the emanations from the de-

composition of vegetable matter in cellars and in the soil of newly-cleared lands, and from alluvial deposits of some kinds, being of a vegetable origin, would differ from the poisons that are of animal origin. Each of these classes would present considerable variety when studied by themselves. Thus the impurity of wells from the percolation of animal or vegetable matter, privies or cesspools, would be classified according to the origin of the impurity. Any one of these poisons may produce typhoid fever, and it is certainly probable that different poisons would have different relations to different organs and tissues; and though the main phenomena of typhoid fever could be produced by all of them, the disease would differ in its inception, both as to the tissues invaded and the peculiar form of the disturbance set up. And this conclusion seems to be corroborated by the facts. Thus the animal poisons from hospitals, jails, and emigrant ships, seem to affect the cerebro-spinal systems primarily, and the sympathetic system and the gastroenteric organs become involved as a secondary effect. The phenomena resulting are claimed under the classification of typhus fever, and, if there be any just ground for distinction, no doubt it would apply here. While the poisons caused by vegetable, or mixed vegetable and animal poisons, seem to affect the gastroenteric organs and the sympathetic system of nerves first, and the cerebro-spinal system becomes affected by a reflex action upon it from the former, and the resulting phenomena are classified as typhoid fever. In both forms of disease, cases will occur that would properly belong to the other division, so that there is a constant blending of the two forms, and there is much difficulty in keeping up a distinct classification. This is so clearly seen that many of our best writers group all the different forms under the head of typhoid. By the light of these principles, we can see why typhoid fever would be more likely to prevail more in those towns and cities which depend upon wells and cisterns for water, than where pure water is provided by a wisely-arranged system of water-works; and also why cities that are supplied with pure water, and kept cleaned from refuse vegetable matter, should be more free from it than the country, and especially such places in the country as are exposed to considerable vegetable decomposition and impure water.

The fact that both vegetable and animal poisons may produce typhoid fever should be carefully kept in mind. It will help in the careful analysis of any given case. When a case is presented for consideration, the first effort should be to find the central point of attack; to determine whether the cerebro-spinal or the sympathetic system and the gastroenteric organs were primarily affected. When this point is settled some advance will be made in the analysis. If it is seen that the cerebro-spinal system is primarily affected, the next step is to determine whether the cerebrum, the cerebellum, or the spinal cord is most affected. With these points settled, the reflex symptoms and accessory disturbances would be easily comprehended, and a full understanding of the affection reached. But if, on examination, a case shows that the gastroenteric organs and sympathetic system of nerves are primarily affected, then the question as to which of these organs was primarily affected, or whether the lungs, liver, or some other organ was the principal centre of disease, would come up next in order, and, when settled, the proper course of treatment would be clearly seen.

When the central point of attack is determined, all the resulting phenomena are readily classified and will receive proper attention in the management of the case. Two great points to be reached in the treatment of any disease are, first, to discover the originating cause, and second, the part of the system upon which the diseased action is centred, and from which it radiates. Neither of these considerations can be neglected. With these two factors clearly settled, a large array of the symptoms are fully understood, and each one assigned to its place in the case. Without these, the symptoms remain a confused mass before the mind, and the decision of the importance of one symptom and the unimportance of another is left to the whim and caprice of the moment, even when the health or life of the patient depends upon a correct decision. Hahnemann directed his followers to select the remedy according to the most important symptom, but how can that be done unless we determine which is the most important symptom? Is there a physician who, when brought to a case of typhoid fever in its full development, when the patient has a great number and variety of symptoms, can tell, at his

first glance at the case, exactly where the centre of the disease is, and what the most important symptoms are? There is no doubt that this can be done in some cases and in many cases, but not in all. There are cases which require repeated observations, and the most careful study, before this can be done. Where many of the functions of the system are disturbed, and the action of a large number of organs seriously deranged, it is not easy to determine which is primary and which is secondary. It is as important to know the key-note of the disease as the key-note of the remedy. And unless the phenomena in any given case can be classified, the key-note to the case may be seen, but it is not known to be the key-note. If there is not a rational understanding of the proper order of the phenomena, so as to see which is the cause and which the effect, all our efforts may be directed to some of the phenomenal and accidental symptoms, while its central action and vital parts are left untouched. The effort should be to place the ground of action in the right place. To encourage medical students to fix their attention upon some of the fleeting and unimportant symptoms of the case, and clothe them with great importance, when such symptoms are selected as a matter of whim or chance, is to weaken the faith of all thoughtful men in the scientific basis of our system of medicine, and lead to disastrous results in practice. But this classification cannot be made without some knowledge of physiology, by which to measure the variations of any and all the great functions of the system from a healthy standard. Physiology gives the natural language of the various systems and tissues of the body, and the disturbed function is a departure from the healthy standard; and pathology gives the language of the altered organic states, and organic lesions of the body. With the knowledge derived from these two sources, the physician has some means of classification of the phenomena before him; and if well fitted, and with good capacities for his office, he will have some success in the rational understanding of the symptoms presented for his consideration.

The description of diseased action, such as is found in good books upon the practice of medicine, is also important, because it brings physiology and pathology into living relations, and

shows the results of the labors of the best observers in the classification and arrangement of the phenomena presented.

With these preliminary considerations, the description of typhoid fever, as it has come under my observation, with such suggestions upon the treatment as I have to offer, will be given.

The premonitory stage is generally well marked. For several days, and sometimes for two weeks before the disease is well pronounced, there is usually considerable languor, pains in the head and limbs, loss of appetite, some white or brownish coating upon the tongue, and too light or too heavy sleep. In some cases there is a development of acute catarrh, cough, sneezing, and fluent coryza. The attempt to remove these symptoms is not likely to be successful. If the impending disease is not foreseen, these symptoms are likely to be regarded as simply catarrh, or some general rheumatic trouble from a cold, and to be treated accordingly; but they are not usually removed by treatment. The deeper seated troubles are soon to break forth, showing the real nature of the difficulty.

A chill is apt to usher in the first stage of the fever, though it is not usually very severe or of long duration, and is followed by a pretty severe febrile paroxysm. The fever fit is sometimes followed with considerable perspiration, and the perspiration by a milder degree of febrile heat, without a full intermission. The pulse is considerably accelerated, varying from 80 to 120 beats per minute, and has somewhat of the full hardness common in inflammatory fever. Pain in the head, limbs, and back, are common accompaniments of the fever, and are usually worse during the febrile exacerbations than during the remissions. Delirium is noticed in the first stage, in some cases, but mostly in the young, or in such constitutional states as are easily liable to functional disturbances of the brain. The tongue is usually coated whitish or yellowish, and in some cases nausea is present in the first stage of the disease. Sometimes there is considerable gastrointestinal trouble early in the disease, though diarrhœa does not usually develop till the second stage is reached. Rheumatic pains of the limbs and trunk are present in many cases, and in some are so prominent as to lead to the suspicion that the early stage of rheumatic fever is presented for treatment. The

phenomena presented in the first stage of typhoid fever are sometimes mistaken for inflammatory fever; but the remedies for that disease do not cure. Further development shows that such remedies cannot cure the disease of the brain, spinal and great sympathetic nervous systems, which lies beneath and for the time is masked by the appearance of acute inflammatory action. From the first, the dizziness, weakness, and impaired mental powers point to a deep impression upon the nervous system, which is not germane to true inflammatory disease. As the disease develops, it is found in many cases that the febrile paroxysms have some degree of regularity. Thus, there is usually more than one fever fit in twenty-four hours, and in some cases three or four. These paroxysms are sometimes irregular, but oftener occur in some degree of regularity, as one in the forenoon and one in the afternoon, and one or two in the night; or if there be but one, it may occur in any part of the twenty-four hours, though most likely to take place in the afternoon and evening. The febrile paroxysm is often followed by some degree of perspiration; but in some cases the perspiration precedes the heat, or may alternate with it. The form of the febrile paroxysm has sometimes proved valuable in selecting the proper remedy. The order and relation of the paroxysm to other symptoms, sometimes helps to determine which part of the system is most and primarily affected.

This stage of the disease will sometimes last a week before the second stage is ushered in; and again in some cases it is very short, the second stage following very closely upon the onset of the attack. In the second stage the debility is more pronounced; delirium, subsultus tendinum, and great nervous restlessness, are marked features of the disease; the tongue becomes red and dry; and as the disease develops, dry and brown or black sordes appear upon the teeth and lips, and the mental powers become very weak. The heat is dry, and gives a pungent sensation to the hand rather peculiar to this disease. Sudaminæ and petechiæ appear upon the neck and trunk, and in some cases roseola covers most of the body; diarrhœa is apt to come on, attended by tympanitis; hemorrhage from the nose and bowels is not uncommon. The catarrhal symptoms of the first stage become more marked and developed upon the lungs; cough, with

mucous rattling in the lungs, most marked in the posterior parts, and in some cases developing crepitation and hepatization of the posterior part of the lungs. When the sympathetic system of nerves is primarily affected, the organic lesion is apt to be most upon the gastroenteric tract, or else upon the lungs; though in many cases there seems to be a catarrhal inflammation of the mucous surfaces of the bronchia and intestines at the same time. But in these cases it is usually found that the trouble predominates in one or the other. Thus, if the lungs are principally affected, and are relieved by the right remedies, the intestinal trouble subsides of itself, and *vice versa*. Most frequently attention directed to the principal seat of disease cures the whole difficulty, but not always. Thus, it is sometimes necessary to select a remedy that will act principally upon the gastroenteric disease, and another upon the pulmonary disturbance, and thus give the two in alternation, in order to conduct the case through to a favorable termination. It is true that if we can select a remedy that will act fully upon the disease in both locations, and one that the system will tolerate in repeated doses, it is better to give one alone, but this cannot always be done. And then there is a deeper reason for this course. The pulmonary and gastroenteric symptoms are, sometimes, not the primary seat of diseased action. The difficulty sometimes lies deeper. Sometimes the cerebrum is the first point of attack; sometimes the cerebellum; sometimes the spinal nerves (and of the spinal it may be either the posterior or anterior ones); and again the great sympathetic system of nerves may be the principal seat of disease. Now, in any of these cases the gastroenteric or pulmonary symptoms may be only as branches to the main trunk; and when the main centre of disease is removed the branches will disappear. And further, there may be more than one focus to any case of diseased action. Thus, in a case of typhoid fever, the spinal may be one, and the great sympathetic nerves may be another focus or centre of disturbance; and while one remedy may act well upon one source of disease, it will not upon the other, and in order to effect a cure a remedy must be selected for each disturbance, and then the two given in alternation. Such considerations need to be borne in mind, not only as regards the description of the disease, but

also to aid in the cultivation of such habits of thought as to put us in a position the most readily to analyze the symptoms of any given case before us.

The second stage usually lasts from one to two weeks. With the most favorable results there is gradual improvement from day to day, followed by convalescence. But, on the other hand, the symptoms may grow gradually more intense, or the colliquative symptoms come on, and the third stage is fully presented to us. In this stage the organic lesions are more pronounced; swelling of Peyer's glands, and intestinal ulceration come on; or the pulmonary lesion shows danger of ulceration of the mucous surfaces of the bronchial tubes, or the engorgement of the pulmonary tissues threatens their integrity; the texture of the brain is impaired, and in some cases effusion takes place; but the most common difficulty is paralysis of the brain, which terminates the struggle. The picture of the second stage still answers for the main features of the third, for it is the second stage prolonged, with the addition of some organic lesions. Oftentimes there is more stupor, or sopor, from which the patient cannot be roused, and again in some cases a state of entire sleeplessness. If the third stage of the disease is reached without much arrest from the previous treatment, it is more difficult to cure because of the organic lesions that are added to the previous functional disturbances. If the disease has the most fortunate results, it is cured in the first stage, and then does not last more than two weeks; but if this stage is passed and the second established, it usually continues three or four weeks; if it is not cured during the second stage but enters upon the third, it is apt to continue five or six weeks.

TREATMENT.

From the picture here exhibited, it will be seen that in no disease which we have to treat is there more need of a careful individualization, than is demanded in typhoid fever. When we have diagnosed this disease the various stages come before the mind, and it is of great importance to meet each development in the outset and thus render the succeeding steps milder, and, if possible, cure the case in the first stage, or within the first two

weeks. It is customary in most works on homœopathic practice to advise that Aconite be given in the first stage of any and all kinds of disease. Fifty years ago, in the allopathic school of medicine, bleeding was advised for the first stage of all diseases. To give Aconite in the same wholesale manner is nearly as absurd. The philosophy and the practice are bad in both cases.

The first step for the proper selection of a remedy, is to obtain a correct understanding of the phenomena presented. If the facts of the case are correctly collected, arranged, and understood, the selection of the proper remedy will be likely to be made at first. And this is very important. When the disease is epidemic, a number of cases taken together will help to give an understanding of the genius of the epidemic.

The summer and fall of 1871 presented an epidemic of moderate extent, which had clearly marked spinal and sympathetic phenomena. All the symptoms were well marked in some cases, but not in all. Ipecac 1st and Rhus in the 1st or 2d dilutions cured almost every case in the first stage of the disease. The attacks came on, after a premonitory stage of nearly or quite a week, with moderate chill, followed by fever, with pains in the back and limbs; the fever fit coming usually in the afternoon, and lasting two or three hours and then abating for about the same length of time, followed by another paroxysm in the night usually shorter than the one in the afternoon, with a more full remission in the morning and forenoon. The pulse would vary from 100 to 120 or 130 per minute, full and hard. The tongue was usually coated whitish or yellowish-white, and would soon have a red strip down the middle, and become dry; considerable soreness of the muscles in different parts, most about the chest and trunk and less in the arms and legs; some soreness of the epigastrium to pressure; a faintish disturbed feeling at the stomach, and sometimes nausea; considerable pain in the head during the fever fit, and delirium in some cases. In some instances, before the nature of the difficulty was seen, Aconite and Belladonna were given, but always without any effect; while under Ipecac and Rhus the fever would abate, all the symptoms improve, and the patient convalesce within two weeks.

The experience of G. F. Forbes, M.D., of West Brookfield,

Mass., was considerable in the year 1871, and with his consent some detail of his cases and treatment, will next be introduced.

Report of Cases of Typhoid Fever, by G. F. Forbes, M.D., of West Brookfield, Mass.—There has been a large number of cases of typhoid fever in this vicinity the past year ending November, 1871, many of which that came under my care proved to be light cases. The cases that were ushered in with diarrhœa, or severe dysenteric discharges of bloody mucus, proved to be very severe; but I am happy to say that all recovered that came under my care, although under allopathic treatment many proved fatal. When dysentery preceded or accompanied the attack, the type was almost malignant. The first seven days the pulse ranged from 120 to 160 per minute; the tongue was brownish at the edges, and red in the centre; the whole abdomen very hot and sensitive to pressure; severe pain in the abdomen and back just before discharges, and, after two or three days, nausea and vomiting, in which discharges continued; the discharges were very copious at first, but after two or three days were more scanty, and mucous or bloody in character. Under homœopathic treatment the gastrointestinal trouble yielded readily, and a favorable change would follow at the seventh day; but the fever would run on to the twenty-first in a modified form. Under allopathic treatment an emetic was usually given first, followed with a cathartic, and the cathartic with Dover's powders; and on the seventh day when a favorable change was expected it did not come, but the disease lingered along for weeks, and those that did not die made a tedious convalescence. The majority of the cases now to be described, under homœopathic treatment were very severe the first week, very light the second, with some stupor the third week.

Case 1.—Mrs. N., æt. 35, large frame, weighs 175 pounds; was taken, Oct. 7, 1871, with chills alternating with heat; great pain in the small of the back; pain in the bowels before and after stool, which occurred every twenty or thirty minutes, of bilious or bloody matter; tenderness of the epigastrium and whole surface of the abdomen, with nausea and inclination to vomit; violent pains in the eyes, and in the head back of the

eyeballs, and through the temples; tongue red through the middle and brownish-white along the edges; the face has a restless, anxious expression; skin very dry and hot; pulse 130 per minute. ℞. Arsenicum and Belladonna 12th; ten drops to half tumbler of water; two teaspoonfuls every two hours, alternately.

October 9. The discharges from the bowels are less frequent, but of the same character, and attended with tenesmus; the nausea has disappeared; pulse 130; headache a little better, but quite severe yet. ℞. Arsenicum 12th in solution, and Mercurius sol. 12th in solution; a dose every two hours, alternately.

October 10. Patient much better in all respects. Continue the same.

October 11. Still better, and continued better till the fourteenth day of the fever, when the characteristic symptoms of the typhus abdominalis came on, and continued till the twenty-first day. All the symptoms yielded readily to Rhus, Baptisia, Mercurius, and Arsenicum, and a rapid convalescence was obtained.

In nearly all of the twenty-seven cases treated of this class of the disease, the above symptoms were almost all present in very much the same order as in this case, and the remedies that have been named were so successfully applied that all recovered.

Forty-one cases of another and a milder type were treated, and the details of two will be given to illustrate the most important symptoms and the treatment that was found successful.

Mrs. G., æt. 27, August 28, was taken suddenly in the night with piercing pain through the head, from the right to the left side; nausea; violent pains in the back, extending down the limbs and through the bowels; pulse 140 per minute; skin dry and hot. Hot bricks were wetted and wrapped with cloths, and applied to the feet, back, and limbs. ℞. Aconite 12th and Bryonia 12th were given in solution, a dose every fifteen minutes, alternately, for two hours, and she was allowed to sweat one hour; then sponged over with warm water and thoroughly rubbed.

August 29. The patient has had a profuse perspiration; skin moist; pulse 96 per minute; pain in the back much relieved, but the tongue is red in the centre and brownish on the edges.

℞. Bryonia 12th and Mercurius 12th in solution; a dose every two hours, alternately.

August 30. The patient had a restless night; severe pain in the head, especially back of the eyes, and extending over the top of the head; less pain in the back, bowels, and limbs; pulse 120 per minute and hard. ℞. Belladonna 12th in solution, a dose every two hours.

August 31. The patient had a little sleep; the head and eyes better, but a severe nausea has come on. ℞. Arsenicum 12th in solution, a dose every two hours.

September 1. But little nausea this morning; head, back, and eyes better; skin moist; pulse 85 per minute and soft. ℞. Continue the same.

September 2. The patient is improving in every way; has had several painless discharges from the bowels of greenish bilious matter, which seemed to give relief. ℞. Arsenicum, with an occasional dose of Rhus. Continued to improve till she was convalescent on the twenty-first day.

This case is a sample of this type of the disease as it came under my notice, and the treatment in the subsequent ones was almost precisely like that adopted in this case.

The profuse sweat that was produced in the beginning of the treatment, I have no doubt prevented the development of more severe symptoms, and made the course of the disease shorter by two or three weeks than it would have been if medicine alone had been administered. I may add that I have been in the habit for years of using similar means in conjunction with the selected remedies, where the skin was hot and dry and the pulse over 120 per minute; and good results have followed in most cases. Patients had all the gruel they wanted the first week, and cooked fruits with considerable caution. From the ninth to the twelfth day the patients would pass urine of a high color, attended in some cases with intense scalding in the urethra. But the fourteenth day the urine usually deposited a brickdust sediment, and, though the tongue was still furred, beef tea was given *ad libitum*, in accordance with Rapou's directions in such cases. He says that it is always best to give beef tea, and in some cases stimulants, as soon as a gray or rose-colored sediment appears in

the urine; but if the urine is red and clear, nothing but gruel or the lightest forms of nourishment should be given; and, again, if the urine becomes pale, with a small deposit, a more full line of nourishing food should be used, but we should be cautious if the deposit is abundant. I have found these directions valuable, and no relapse has occurred from giving food according to them.

In epidemics it is of great importance to study thoroughly the features of the first cases that appear, as they will usually present the strong features of the epidemic, and in many cases seem to be almost the exact types of all that follow. As a writer says in a recent number of the *N. E. Medical Gazette*, "having found the right remedies, he is able to apply them again and again."

I may say here in conclusion that the epidemic here described seemed free from the depressing influences and a tendency to assume the putrid type sometimes found in this disease. In the more malignant type fatal cases will occur, but the success of the homœopathic treatment, when contrasted with that of the allopathic in the same vicinity, was very favorable to our cause.

The following cases will illustrate some of the forms of this disease. My clinical notes are not such as to give a sample of all its forms:

Case 1.—Mrs. L., æt. 72. Saw her first, January 28. Was taken January 27, 1871, with chill followed with fever; pulse 100 per minute; skin hot and dry; breathing short and quick; tongue white. Examination of the chest showed considerable roughness of the respiratory murmur in the lower posterior part of the right lung, though the percussion-sound was normal. Expecting a case of acute pneumonia the prescription was, Phosphorus 3d, Tart. emet. 4th, ten drops to one-fourth tumbler of water, and two teaspoonfuls every two hours, alternately. At 9 o'clock P.M. she seemed worse; breathing more difficult, and the pulse quicker. She then had Arsenicum 3d, in solution, two teaspoonfuls every two hours.

January 29. Though there was no improvement, the Arsenicum seemed so fully indicated by the symptoms that it was continued, and also on the 30th.

January 31. The symptoms are worse; tongue red and dry; sordes upon the teeth; considerable pain in the inflamed portion of the right lung; some mucous râles; the respiratory murmur louder and more harsh, with some crepitation; pulse 120 per minute, sharp and wiry; considerable stupor, and some subsultus tendinum; the prognosis seemed very unfavorable. ℞. Rhus 3d, in solution, two teaspoonfuls every two hours.

February 1. Had a better night; pulse 100 per minute and softer; tongue more moist, and she is a little more intelligent. ℞. Continue the same.

February 2. All the symptoms continued to improve under the action of Rhus, till the 9th, when the lung was nearly well; tongue moist; pulse 60 per minute, and in fact she seemed better in all respects, except considerable debility. For this she had China 4th, in solution, every three hours. She was discharged convalescent February 14th.

It is evident that the cerebro-spinal nerves were most involved in this case, and that Rhus met the symptoms in the nerve and pulmonary tissues at the same time.

The following case will show the shifting character of typhoid fever, and the necessity of adapting the remedies to the immediate condition of the patient:

Miss J. æt. 22. Her mother had been sick with typhoid fever of considerable severity for two weeks, and she was taken, June 3d, 1872, with moderate chill, followed with some fever; dull pain in the forehead, back, and limbs; considerable restlessness and sense of weariness; tongue white and coated, with some nausea. ℞. Rhus 2d and Tart. emet. 4th, in solution, a dose every two hours, alternately.

June 4. No better; rather more fever. ℞. Pulsatilla and Arsenicum, in solution; a dose every two hours, alternately.

June 5. No improvement; some retching; some soreness of the stomach to pressure; pulse 100 per minute; some hacking cough. ℞. Pulsatilla and Rhus, in solution, a dose every two hours.

June 6. About the same. Continue the same remedies.

June 7. About the same, except that some diarrhœa came on in the early morning. Continue the same remedies.

June 8. The retching and nausea are more troublesome; diarrhœa is worse. ℞. Ipecac and Rhus alternately.

June 9. A severe urinary difficulty has set in, with frequent and urgent voiding of urine, attended with severe smarting, burning pain in the urethra. Stomach seemed better. ℞. Cannabis 1st and Cantharis 3d in solution, a dose every two hours, alternately.

June 10. Symptoms about the same. Continue the same remedies.

June 11. Symptoms do not improve. ℞. Camphora 1st, in solution, every hour till better of the urinary trouble; then Ipecac. instead of the Camphora.

June 12. A few doses of the Camphora permanently cured the urinary trouble. Since that ceased, the nausea, vomiting, and diarrhœa have grown worse. ℞. Pulsatilla and Ipecac alternately.

June 13. A little easier. Continue the same remedies.

June 14. The diarrhœa worse and attended with considerable pain in the bowels; nausea no better.

June 15. Symptoms growing worse, with the vomiting and diarrhœa in an aggravated degree; pulse 120; great restlessness and tired feeling, which has been present from the first, seems to increase; sleeps very little. ℞. Arsenicum and Veratrum alb., in solution, a dose every hour, alternately; and if these fail in twelve hours to take Ipecac. instead.

June 16. No improvement. Considerable careful examination of the Materia Medica led to the selection of Tart. emet., and afterward of Phosphorus and Belladonna, which were given; still no sleep.

June 17. Found the patient no better, and Antimonium crud. and Mercurius corr. were given, but without effect; and afterward the Citrate of Magnesia in spoonful doses was given without effect.

June 18. Symptoms continuing the same, only gradually worse, when Bismuth 1st trit. (decimal) was given, as Jahr's Manual by Hempel has these symptoms, "Vomiting and diarrhœa with pain in the throat," which was a correct outline, as the vomiting had so much of the spasmodic retching as to produce pain in the throat. A dose every hour till better; then every two hours.

The sleeplessness continues, but was supposed to be caused by the gastroenteric irritation.

June 19. The Bismuth relieved the vomiting and pain in the stomach in a few hours, but the diarrhœa continues about the same; the same sleepless state continues. ℞. Continue the Bismuth every two hours.

June 20, 8 o'clock A.M. Diarrhœa and vomiting well, but is very nervous and restless. Since the diarrhœa and vomiting ceased a wild delirium has developed; constant shaking of all the limbs, almost as in chorea, with constant desire to get up and run away; sees imaginary faces in the room, and puppies and kittens; she has also a continual chewing motion of the mouth. Pulse 110, but weak. Tongue red and dry, and sordes on the teeth and lips. ℞. Belladonna and Chamomilla in solution; a dose every hour.

June 20, 1 o'clock P.M. The sleepless state had lasted so long, and there was such intense excitement of the anterior spinal nerves and of the sympathetic and motory nerves, that it seemed necessary to quiet the system, and the Hydrate of Chloral was given till some sixty grains were taken, which produced about three hours' sleep; then she awoke with all the symptoms of nervous disturbance as bad as ever.

June 21. Found her the same as before the sleep. At 8 A.M. she had Sulphur and Actea in alternation, a dose every hour.

June 23. No better, but the disease showed so much disturbance of the same nerve-centres that are involved in chorea and in mania a potu, and as Stramonium has been with me the principal remedy in both these diseases, the same prescription was continued; it was also given in the morning of

June 24. In the evening she had Bryonia 15th and Stramonium 6th.

June 25. No improvement; the nervous excitement and muscular action of the limbs the same. At 8 A.M. she had Bryonia 15th and Calcarea carb. 5th in solution, a dose every hour; and at 9 P.M. Stramonium 4th and Sulphur 4th alternately, a dose every hour.

June 26, 5 o'clock A.M. Another wakeful and restless night. No better in any way. ℞. Scutellaria 2d (decimal), a powder

every hour. 9 o'clock P.M. There has been some quieting effect from the medicine, but not good sleep. To have a decoction of the Scutellaria herb, one ounce to a pint of water, and take three tablespoonfuls every hour, till she sleeps.

June 27. Good quiet sleep came on at about 3 o'clock this morning, and now at 8 A.M. she is quiet and dozy, with great diminution of nervous excitement. To stop the Scutellaria through the day and take Caulophyllum 1st, a dose every two hours in solution. To take the Scutellaria at night if wakeful.

June 28. Seems improving in every way, except she still feels very tired; a symptom that has been constant during her whole sickness. ℞. Continued same remedies. On the 29th and 30th, Pulsatilla, Hyoscyamus, Ignatia, and Arsenicum, without making any impression upon the tired, restless feeling.

June 30. At 9 o'clock P.M. she had Pulsatilla and Arsenicum, a dose every two hours in alternation; and within twenty-four hours this symptom was removed also.

July 1, 2, 3, and 4, she had the same remedies, with an occasional dose of Scutellaria at night.

July 9. Some doses of Causticum were given for constipation, and the patient was dismissed convalescent.

J. H., æt. 18, was taken with the usual symptoms of typhoid fever, which run its course in a mild form for two weeks, when he was taken with chill, followed by a severe development of the second stage of the disease. The first two days of this stage were marked with considerable inflammatory action, for which Aconite and Belladonna were given; and on the third day a pretty marked delirium came on, for which Belladonna and Rhus were given. Diarrhœa came on, with soreness of the ileo-cæcal region, for which he had Belladonna and Mercurius with good effect.

September 7. Delirium marked with alternations of states of quiet vacuity, when he would not know his parents, answer questions, or have any consciousness of suffering. ℞. Rhus 6th and Opium 6th, in solution, a dose every two hours, alternately.

September 8. The last prescription has had no good effect, except to improve the tongue and abdominal symptoms; but he seemed more wild after each dose of Opium. ℞. Belladonna and Rhus 6th, alternately.

September 9. The symptoms are the same, except that he is a little more lucid, with some return of diarrhœa. To take the same remedies as before, with four doses of Merc. sol. between the times of taking the Bell. and Rhus.

September 10. About the same. ℞. Belladonna and Rhus, and a dose of Mercurius night and morning.

September 11. Much the same, except involuntary emissions of urine. ℞. Nux vom., two doses, and three of Bell. and Rhus. He continued much the same till the 18th, when the tongue was clean, the febrile paroxysms mild, and the pulse 90 per minute, and soft. On the night of the 17th and the morning of the 18th he passed from three to four quarts of clear urine. Fearing acute diabetes, he had Belladonna and Veratrum alb., in solution, a dose every two hours, alternately.

September 19. Urinary trouble better, but not well. Other symptoms about the same. Continue the same remedies.

September 20. Symptoms continued the same. ℞. Stramonium 1st, a dose every two hours.

September 21. Delirium wild and stormy; imagined that he had a fine horse and carriage; that he had a drum and lots of money; that fine clothes were hung about the room. At times he would lay in a stupid state, with a vacant stare, and would not answer, as though he did not comprehend what was said to him; sordes on the lips and teeth; slow in comprehending and answering questions; wakeful all night. ℞. Phos. acid 1st, Sulphur 10th, in solution; a dose every two hours.

September 22. No effect from the medicine, but seems to grow worse. Delirium, with continual muttering, talking, screaming, singing, or groaning. Talked of music, going to sea, going home, a coffin, and a dead person in the room. When asked how he felt, if he answered at all, he would say, "I feel first rate." The sordes of the mouth and teeth the same; moderate thirst; constant rolling of the head from side to side; no sleep; strabismus of one eye, the eye turned out; trembling of the hands; lies constantly on his back, with his knees fixed on the abdomen. Pulse 85 per minute, but rather sharp and wiry. At 10 A.M. gave Opium and Zincum met., without effect; and at 9 o'clock

P.M., Helleborus nigr.θ and Zincum met. 4th, in solution, two teaspoonfuls every hour, alternately.

September 23. Has slept some; more quiet this morning; less rolling of the head; pulse a little quicker, and less sharp. These remedies were continued with good effect till the 27th. Strabismus gone; delirium nearly so; some yellowish coating on the tongue, and some cough. ℞. Helleb. nig. and Bryonia.

September 28. About the same as yesterday, except some diarrhœa. ℞. Sulphur θ, two doses, and then Helleborus and Bryonia, a dose every two hours.

September 29. Improving. ℞. Helleborus and Bryonia.

September 30. Some food he has taken has disturbed the stomach, producing restlessness, furred tongue, &c. ℞. Nux vom. 6th, and Helleborus θ, in solution, a dose every two hours alternately. Continued these remedies till October 8, when he was discharged convalescent.

This case illustrates the cerebral complication in typhoid fever, and shows the importance of the use of Helleborus niger and Zincum for the cure of this form of the disease.

The few cases of typhoid fever here reported give only a meagre glimpse of the disease, but still may afford some suggestions that may prove practically useful to the profession.

For the particular indications for the use of Phosphoric acid, Muriatic acid, Opium, Phosphorus, Tartar emetic, Chelidonium, and many other remedies, I refer the reader to the works of Hartman, Jahr, Baehr, and others, without attempting to transcribe from them as an addition to this paper.

But I cannot close without referring to the recent work by I. S. P. Lord, M.D., on *Intermittent Fever and other Malarious Diseases*, published by Boericke & Tafel, New York, 1871. I consider it altogether the most original work that has appeared in our school of medicine for the last fifty years.

Dr. Lord leaves the old theories of inflammation, as inapplicable to intermittents. He thinks no theory of constriction of the capillaries, followed by dilatation and collapse, will account for the chill, heat, and sweat of intermittent and malarious diseases. But he strikes out upon a new field, and attempts to show that an intermittent is a neurosis; an irritation of some one

or more of the great branches of the different nervous systems. Then, by the symptoms of any given case, the first step is to determine which part of the nervous system is affected. Sometimes it is mostly the cerebral, sometimes the cerebro-spinal, sometimes the sympathetic, and many times two or more of these systems are affected. When the diagnosis is made, then the remedy is to be selected to remove the particular form of derangement presented. At first sight this seems a difficult task; but a careful study of his book, with the many cases treated, and his comments upon them, bring a good degree of light upon the subject. And when the investigation is carried further, in the light of physiology, more and more confirmations of the truth of his position appear at every step.

But the doctrine he adduces and applies to intermittents is as applicable to any derangement of the nervous system that does not arise from malarious poisons, as well as to those that do. Now all will see that in many typhoid fevers some part of the nervous system is principally and primarily affected. Hence Dr. Lord's analysis of such derangements, and his classifications of the remedies, are not only suggestive, but very helpful in treating this disease. A good understanding of the subject can only come from the study of the book itself. Nevertheless, I hope the Doctor will not think me taking too much liberty with his book in transcribing his classification of the remedies applicable to malarious diseases; and any physician will see that, if the classification is correct, it will render very important service in the selection of the right medicine for the cure of these derangements. On page 36 is the following table:

Spinal Irritants.

Nux vomica,	Veratrum,
Ignatia,	Pulsatilla,
Rhus,	Sabadilla.
Eupatorium,	

Sympathetic Irritants.

Arsenicum,	Chamomilla,
Ipecac,	Colocynth,
Natrum mur.,	Cimex,
Cina,	Pulsatilla.

Cerebro-Sympathetic.

Ipecac,	Chamomilla,
Emet. tart.,	Bryonia.
Belladonna,	

Anterior-Spinal.

Strychnine.

Posterior-Spinal.

Pulsatilla,	Eupatorium.

Reflex-Sympathetic.

Cina,	Cimex.
Chamomilla,	

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		Both Spinal and Sympathetic.	
[illegible]	*Cerebro-Spinal.*	*Arsenicum,*	Pulsatilla,
	Belladonna,	*Natrum mur.,*	Eupatorium.
[illegible]	*Bryonia,*		
	Phosphorus,		
	Rhus.		

Regarding this classification as substantially correct, its application to typhoid states will become clear by a little careful study, and many of the puzzles heretofore connected with this disease are solved by it. Thus the pathology of the disease has seemed at fault, according to the principles that have been applied to it. With delirium and other symptoms of cerebral disturbance, some cases show lesion of the brain, and in others, with very similar symptoms, the brain is found in a normal condition. In the former cases the trouble, originating in the brain, produces reflex spinal and sympathetic symptoms; but in the latter the trouble, originating in the spinal or sympathetic systems, by reflex action disturbs the brain.

The application of these principles will be found in detail in a number of cases of typhoid fever, given in Dr. Lord's book, which are very suggestive. But this is only an opening of the subject. To the laborers of the future its elaboration and perfection is consigned.

XXXIII.

MENINGITIS CEREBRO-SPINALIS.

By S. Lilienthal, M D., New York.

Case I.—April 10, 1872. Was called in the evening to see Fanny H., four years old, a bright but delicate child, whose mother and grandmother feared that she would be taken down with small-pox. The child had been dull during the whole day, and in the afternoon broke out over the face and slightly over the chest with red spots here and there, resembling flea-bites. I found her lying on her back, perfectly conscious, but unwilling to be disturbed; head cool; pupils of normal reaction; pulse soft, about 60 to 75 per minute; respiration normal and quiet; no cough; bowels had moved three or four times during the day, after a dose of castor-oil, the favorite remedy of grandmothers. The somewhat white coating of the tongue I laid to the purgative given. The child complained of no pain anywhere, but was unwilling to speak or to exert herself the least, even to put out the tongue, and only wished to be let alone.

From such symptoms I failed to make out a diagnosis, and told the parents that I would wait for clearer indications. Prescribed Bryonia 30th, on account of the only distinct symptom—viz., aggravation (?) from every exertion of the body.

April 11. Fanny slept very little during the night, but laid quietly in her bed, hardly ever asking for a drink, but taking her medicine and some of Liebig's beef tea when offered to her. At my visit I found the spots the same as yesterday; they were neither bright-red nor livid. Continued Bryonia. At 5 P.M. the child was taken suddenly with convulsions, lasting uninterrupt-

edly for four hours, with perfect unconsciousness, dilated pupils; and in spite of hot baths, wet pack, and the internal use of Cupr. acet., Hell., and, late in the evening, Zincum, she became comatose, and died about midnight.

What was the disease? *Raue* describes "spotted fever" by the following symptoms: "It frequently sets in suddenly, and commences with a chill, followed by fever; violent headache; restlessness; extraordinary prostration of strength; great aching in all the limbs and sensitiveness to touch; quick, irregular pulse; stupor; convulsions; contraction of the nape or one side of the neck, throwing the head backwards or sideways; convergence of the eyes; double vision; flabbiness of the enlarged tongue. The spots make their appearance generally *on the second day* of the disease, and do not appear in all cases." (Not one symptom corresponding to the above case.)

Hartshorne ("Essentials of Practical Medicine," p. 333), speaking of the spots, remarks that they appear on the second or third day, or later, on the neck, breast, or limbs, *seldom on the face;* they are of different dimensions, distinct, but not elevated nor disappearing on pressure. *The attack is sudden;* chilliness; terrible pain in the head, extending to the back of the neck; nausea and vomiting are the earliest symptoms. *The pulse is at first slow,* then accelerated, but diminished in volume and strength; *respiration is slower than natural in many cases; the skin has almost always at the beginning an abnormally low temperature;* when reaction occurs it does not become very hot as a rule. (Our patient showed no reaction whatever, although the pulse became quicker and filiform during convulsions.)

Dr. Wolford ("N. A. J. of H.," vol. xiii, p. 145) remarks, that spotted fever most extensively prevails *when the atmosphere is unusually clear and dry.* The disease commences with a chill, but no reaction follows; the chilly condition and the shrunken appearance of the skin and features continue for a long time, followed by stupor and death, and in children the stupor is liable to be broken by frequent convulsions, and death follows. The disease must be arrested in a few hours by the timely administration of Aconite, aided by Arsen. and Veratr. alb., in order to restore free circulation, equal diffusion of warmth and perspi-

ration. With such treatment he lost only three out of sixty cases.

I quote but these few authors. I was sure on the second day of the disease that it was "spotted fever," and so pronounced it. But what remedy should we have used to save the child? I acknowledge that a better selection than a continuation of Bryonia might have been made, but I could not find any indications for another.

CASE II.—Clara K., 17 years old, attended a ball, March 17. On the next morning she complained of a severe headache and rheumatic pains in her limbs. Still she went to her work, but had to return home during the forenoon, on account of the utter prostration and terrible headache. The attending physician leeched the head, and purgatives ad nauseam were given; but the girl getting steadily worse, Dr. Bossart was called in, and pronounced it a fever with typhoid character. On the third day of his attendance the girl was taken with severe tetanic convulsions, opisthotonos, unconsciousness, followed by coma; convulsions and coma alternated; diarrhœic stools were passed involuntarily, doubtless due to and kept up by former drugging, but during the first two weeks she was conscious. Called in consultation, I advised *Zincum*, from which I had several times seen good results in hydrocephalus, as well as in hydrocephaloid, especially as we find among its symptoms, occipital headache, stupefying, with pressure on the eyes, painless, papescent diarrhœa for many days, involuntary diarrhœa, jactitation and twitching, &c., &c. This was followed up by *Rhus venenata*, which removed the typhoid prostration, so frequently the sequel of pernicious or maltreated spotted fever. A slow convalescence followed, but Miss Clara now enjoys (May 15) the very best of health.

CASE III.—Frederic L., about 30 years old, bookkeeper, sanguine temperament, complained for several days of general malaise, although attending to business. On Sunday, April 14, he went to see some relations in the country, thinking that some fresh air (he living in a densely-populated part of the city) might do him some good; but he was hardly able to reach home again. He had a severe chill; terrible headache, extending from the

occiput all over the brain, especially severe in the temporal regions; inability to bear the least noise and light; *pulse slow and of little volume*, not over fifty a minute; respiration natural; tongue moist and white; neither appetite nor thirst; lies quietly on his back or on his side, turned to the wall; abdomen rather sunken in, but not tender to the touch; bowels costive (neither coma nor hyperæsthesia); dozes frequently for a few minutes, but has no good refreshing sleep. Diagnosis: Cerebro-spinal meningitis. Prescription: Gelseminum 200th. He passed thus the first week of his sickness, when some petechial spots appeared on lower extremities, and his fever (if it can be so called), although never leaving him entirely, showed an aggravation every other day, when the painful weariness increased, and the heat showed itself only by dryness of the lips and mouth, but still with very little thirst. On account of this asthenic character I changed to Rhus venenata 200th, giving him Phosphoric-acid lemonade as a beverage, but he disliked it, and it was therefore soon discontinued. There was disgust for animal food, especially beef tea, which seemed to him to have a sticky, slimy taste. He relished the juice of an orange or a slice of banana, and fruit seemed to agree with him.

May 1. The May-day brings no improvement, and though no dangerous symptoms are present and sleep is more natural, still he does not gain any strength; he is unable to stand on his feet alone, and is greatly emaciated. Cinchona 200th failed to do him any good. Prof. Dunham proposed Iodine 200th, and under that remedy he slowly but surely recovered.

I treated during the winter and spring of 1872 about ten cases of this disease, and may be satisfied with the result, as there was but one case lost—poor little Fanny. But I still feel myself surrounded by doubts about the diagnosis of the disease, and it is one of the greatest blessings that in homœopathy we have a guide for the selection of the remedy even if the pathological state is uncertain.

Niemeyer, certainly a high authority, considers it a local disease, based on a specific poison infecting the body, and enumerates the following symptoms:

Headache, always present, even in cases ending fatally in a

few hours. (Our first case is then an exception to a rule which holds good in most cases.)

Pains in the neck and back, increased by pressure on the processus spinales of the vertebræ. Patients therefore hate any motion, and keep as quiet as possible. (Present in Case I.)

Painful sensation in the extremities, increased by motion, caused by the irritation of the posterior roots of the cord. (Not constant.)

Hyperæsthesia or anæsthesia, the former during the first days, the latter from the extinction of irritability of the posterior roots, in consequence of the inflammatory process.

Tetanic spasms of the muscles of the neck and back, rarely missing in meningite foudroyante. (In my second case appearing only towards the end of the second week, and under homœopathic treatment only exceptionally seen.)

Epileptiform convulsions, rare. (Just as in other zymotic diseases, not dangerous at the beginning of the disease, but far more so during the course of the disease; at least, this is my experience.)

Paralysis (not so frequent when rightly treated from the start).

Mental disturbances. In the beginning consciousness is clear and patients answer promptly (?) every question, but they soon feel tired and restless, and give unwillingly short and imperfect answers. The jactitation during the first stage is characteristic. (I missed that symptom in more than half of my cases.) In its further course we find delirium and finally sopor. (Delirium we found mostly of the quiet kind—a mere murmuring; in fact, wild excitement is nearly impossible in such an asthenic disease.)

Disturbances of the senses. Blindness and deafness.

Eruptions. Erythema, roseola, urticaria, petechiæ, sudaminæ. (In all our cases they looked more like petechiæ, and we do not consider any others characteristic.)

Fever does not run a regular course; generally remittent, with exacerbations of ½ to 1°; high temperature only in fatal cases. From the frequency of the pulse we can make no conclusion as to the severity of the fever, as it is sometimes high with a moderate fever. Only at the beginning of the disease has a slow pulse

been observed. (Our observation differs, for a slow, or at least, a normal pulse, has been the rule, and increased pulsation the exception.)

Niemeyer, with his usual preciseness, gives the symptoms so clearly that we cannot see how the mistake can be made of considering spotted fever cases as typhus or even as typhoid. The latter have always a stage of incubation, lasting from a few days to a week or longer, whereas in spotted fever the attack is sudden and severe from the very beginning. The headache of typhoid is never so severe nor so excruciating as we find it in spotted fever, and the spinal cord, so severely affected in spotted fever (tetanus), shows no such symptoms in typhus or typhoid. In spotted fever, pulse and temperature never rise to a great height, whereas a temperature of 104° and a pulse of 110 to 130 are the rule in typhus or typhoid. Consciousness also remains for a longer time clear and undisturbed in spotted fever than in the other forms of disease; and we have seen cases of the former, where, in spite of the pain, the mind remained unclouded during the whole disease. The roseola of typhus is also very different from the petechiæ of spotted fever.

Niemeyer, considering spotted fever a purely local cerebro-spinal meningitis, recommends therefore a full antiphlogistic treatment, morphine included. Stillé also considers the use of stimulants not warranted during the first stage, and advises them only when the signs of failure in nervous power occur. Boudin is the enthusiastic admirer of opium, others of the bromides, and chloral certainly looms up as the fashionable remedy of the day.

Dr. J. H. P. Frost ("Hahnemannian Monthly," vol. iv, p. 241) gives us the indications for the selection of our remedies, and we refer our readers to that monograph. It is just in such diseases where pathologists are still undecided, and where all theorizing can only be done to the detriment of our patients, that a therapeutic law holds out to us the sheet-anchor, and by fully relying on its power in all curable cases, it enables us to clear all rocks, and land our patients safely in the bright haven of renewed health.

XXXIV.

ULCERATION OF THE STOMACH.

By Alfred K. Hills, M.D., New York.

The patient, M. T., æt. 34, presented herself for treatment, Dec. 1st, 1870, with the following history, viz.: Some fifteen years since while suffering from an attack of intermittent fever of the quotidian type, and taking immense doses of quinine and whisky, a severe acute gastritis set in, accompanied with hæmatemesis and followed by suppression of the menses for four years. The chill came on at 1 P.M., each paroxysm anticipating until 7 A.M. was reached, at which hour it continued to recur during ten months, notwithstanding the massive doses of quinine and mercury administered.

The fever finally abating, the gastric symptoms considerably diminished with the return of the menses, which occurred scantily at intervals of from ten days to six weeks. Two years subsequently the patient had another and more severe attack of inflammation of the stomach, confining her to a hospital for nearly three years, during a part of which time the stomach was so swollen and sensitive as to necessitate the use of a sheet in moving her for the purpose of changing the bed. During the greater part of this time all nourishment was taken by enema per rectum. The patient obtaining little relief from the hospital treatment (which was strictly allopathic), she placed herself, for the first time, under homœopathic medication; with so much relief that she was able to attend to her work for the next six years, and was quite well. At the end of this time, however,

from exposure and overwork, she was again similarly attacked, and returned to the hospital, where she remained one year. This attack was even more severe than the preceding. She was nourished as before, per rectum, and from the character of the emesis, like coffee-grounds, and the change in color of the face, two eminent allopathic professors diagnosticated cancer of the stomach. One, on account of rapidly declining flesh and the age of the patient, "round perforating ulcer," the other, simple ulceration.

The patient was pronounced incurable by all, as they had tried everything they knew of, and told her she would soon die. The patient made up her mind not to die there, and concluded to again try homœopathy. I need not refer to the medicines taken, for that can be easily surmised when I state that her suffering was intense, and sleep only obtainable through the agency of narcotics.

When I first saw her the face indicated, to some extent, the suffering she had undergone. The eyes looked heavy, glassy, and uncertain, with painfulness and lachrymation, particularly in the morning. The jaws, when talking, assumed the lateral grinding motion. The mind was remarkably clear under the circumstances. No appetite, and as the stomach rejects whatever is taken into it, all nourishment is taken per rectum. Thirst intense, but all liquids are also thrown up if taken. Burning in the stomach very severe at times, and frequent tasteless eructations. Stomach very sensitive to contact, especially in one spot, about the size of a silver half-dollar, just over the pyloric orifice; and the clothing must be kept very loose. Frequent vomiting of blood and a substance like coffee-grounds. Abdomen distended with flatulence and hard; bowels very costive, stools black; urine scanty; lower limbs at times œdematous; mouth dry and parched, as is also the tongue, which is soft and coated with gray mucus; breath fetid. The whole head aches and throbs, worse from stooping. Stinging pain in the small of the back, worse from motion and from lying on the back. The patient was told, while in hospital, that her liver was atrophied to nearly nothing; a fact which was confirmed by examination. Retroversion of the uterus also existed, and accounted for the pain in

the back, which disappeared for a time after replacing that organ. Sleep rarely obtained without Opium or Chloral, and she has become so accustomed to their use, that even immense doses have no effect in producing sleep until the early morning hours. Thinks she feels worse again after 4 P.M. In consideration of the history, Nux v. was my first prescription, with slight benefit to the case. This was followed by Carb. v., Cinnab., and Calc., the latter making considerable impression. She then reported a marked aggravation of her symptoms *just after midnight*, and Arsen. was given with good effect for some time. I will say that, contrary to my strict injunction, the patient had continued occasional doses of Opium and Chloral when the pain was so severe she could not stand it. In one month after commencing treatment she reported having gone a week without Opium or Chloral. Does not sleep much but suffers less pain. Feels worst toward and during the evening; no thirst; better in open air. Puls. then came in to considerable purpose, and was followed after a few days by Lyc. During the next six months various remedies were given according to the indications of the symptoms, including China; and, for a *gathering pain as if a boil would form*, Hepar, with splendid effect; she then reported as being able to take her ordinary diet, including meat, and retain it. She now resumed and continued work for one year, getting on nicely excepting one attack of congestion of the stomach and lungs, which was relieved by a single dose of Bell. She is now quite comfortable, eats, drinks, and sleeps well, and suffers only a little from cramp-like pain in the stomach. The case is at least interesting, if not instructive, in showing the curative power of attenuated remedies in very serious cases, for only such were used.

XXXV.

A CASE OF CEREBRAL CONGESTION.

By George S. Norton, M.D., New York.

Mrs. I., a widow, æt. 35, of dark complexion, and of nervous temperament.

About March 1st she commenced having pain in the occiput; at times dull, and again of a burning character, but always coming on in the forenoon, and disappearing during the day. She also noticed a little feebleness, as she expressed it, in her limbs, on walking, with twitching of single muscles in different parts of the body, and at night sudden starting during sleep. About March 15th, having caught cold a day or two previously, she was attacked, about 10 A.M., with double vision, continuing for about one hour, and followed by *severe burning pain* in the occiput, extending along the base of the brain to the eyes; aggravated on having anything tight around the head, but ameliorated by pressure on the vertex. This was accompanied by spasmodic twitching of various muscles, which would continue during four or five hours, and leave her very weak and prostrated afterward. She was able to be about the house, notwithstanding these serious symptoms, until March 23d, when the diplopia, muscular spasms, &c., came on with redoubled force, about 9 o'clock in the morning, accompanied with nausea, slight fever, and thirstlessness. I was called to visit her on the 24th of March, and at this time found her in bed, with pulse slightly accelerated, skin dry and hot, and *no thirst*. Had had diplopia in the morning very severely; "seemed as if she was going to die," this feeling not controllable by the will; everything appears

confused. These symptoms were followed by a *severe burning pain in the occiput* and twitching of single muscles. On attempting to walk she would stagger, go a few steps, stand bewildered a moment, and then go on. Whenever she takes a long breath a tingling sensation goes over her, even to the ends of the fingers. Is always worse after 9 or 10 A.M. ℞. Gelseminum[30], in water.

March 25th. Much better. Diplopia absent. Gelseminum continued.

March 26th. The patient had another attack this morning, which commenced by everything having the appearance of being of a *green* color, followed by diplopia, and afterwards by a very violent headache. The other symptoms were the same as before. Regarding this changed condition as an aggravation produced by Gelseminum, I gave Sac. lactis.

March 28th. She was greatly improved to-day, and placebo was continued.

March 29th. She was taken, at about 9 o'clock this morning, with *hemiopia.* She could see only the *right half* of an object, and its *upper part.* Everything seemed like rolling water before her eyes. This was followed by a *cutting pain* in occiput—not burning as before. ℞. Gelseminum[30], one dose.

March 31st. There has been no return of the eye symptoms, and no pain in the head; only a feeling of soreness. She is much stronger, yet her appetite is poor, amounting almost to complete anorexia. She has a feeling as if there was something alive and crawling in the stomach and abdomen, and she cannot bear any pressure around the waist; a slight noise makes her start and tremble; bowels constipated. ℞. Lachesis[30], one dose.

April 3d. No pain or soreness in the head; relief of stomach symptoms; much stronger.

April 24th. She is now as well as ever. Has had one or two doses of Gelseminum since April 3d, having had a slight return of some of the symptoms.

XXXVI.

CLINICAL CASES.

By Alexander Berghaus, M.D., New York.

Case I.—Mrs. H., æt. 50 years, came from Savannah, Ga., for treatment, August 1st, 1870. She had been of an excessively constipated habit for many years, having but a single movement of the bowels in a week, unless from the action of blue pill. Her forehead looked red, and presented a number of small orifices, which looked like worm-holes, and from which exuded a serous fluid. The margins of these small openings—which communicated with the frontal bone—were somewhat elevated. She complained of having a pain in the forehead when in bed. She had been afflicted with very severe headache up to the time at which the forehead put on its peculiar appearance,—about six months prior to her presenting herself for treatment. I gave her Mercurius vivus 34^{m}.

August 4th. Forehead looks better.

August 9th and 11th. Still improving.

August 16th. Some of the holes in the forehead are closed. She says her bowels are moved daily, which she attributes to eating peaches.

August 19th. Complains of pain in eyes, and sensitiveness to light; conjunctiva of both eyes congested. I gave Belladonna 2^{c}.

August 22d. Her eyes are better. This improvement continued for a month.

September 22d. Her eyes feel as if grains of sand were underneath the lids. Gave Arsenicum 2^{c}.

October 1st. Eyes well; forehead healed; bowels regular. She left for her home October 8th.

CASE II.—Mr. R., lawyer, æt. 42 years, had been cured of dyspepsia three years ago, under homœopathic treatment, after he had been so reduced by the disease that he thought he would certainly die of it. On the afternoon of March 24th, 1872, he came to my office and stated that he had the same trouble as before. He had been well until two days before. Ate scarcely anything, and the little food taken came up in the form of acid eructations in about half an hour after eating. He had severe crampy pains in the stomach, with great distress from acid eructations. I gave him a single dose of Acidum phosphoricum 3^{c}. On the next morning he reported to me that he had eaten a hearty breakfast. He had slight pain during the day, which promptly disappeared after a dose of the Acid. phos. On April 2d he felt quite well, and was discharged; care being taken to provide him with powders of Acid. phos., in case of a return of his trouble.

CASE III.—Mr. H., æt. 35, had a chancre on the penis about ten years ago, which was treated locally in a military hospital in Copenhagen, Denmark. He thought himself cured, until about six months ago, when he broke out with a roscola-like eruption over the body, and more especially on the face. He presented himself covered with painful, moist, and broad condylomata, not only about the genitals and anus, but likewise in the axillæ and on the chest. Thuja 2^{c}, followed by Thuja^{30}, removed the condylomata in about four weeks. Soon afterward he had sore throat and patches on his lower lip; both of which improved under the use of Thuja, Nitric acid, and Rhus tox. For about five weeks he has been troubled with choroiditis and congestion of the conjunctiva. His three children are apparently well, with the exception of one, a girl three years old, who has chancre-like ulcerations about the genitals, and an eruption somewhat like rupia on her arms and legs. Mr. H. is still under treatment.

CASE IV.—Sister C., a member of a religious order, fell from

a step-ladder several years ago, and hurt herself about the genitals. Some time after this she noticed a wart-like growth on her right labia majora, which was termed cancer by an allopathic physician who had been in attendance. He gave a solution of sulphate of copper, to be used in removing the growth; which was finally effected after very many painful applications. About nine months after this time she complained to me that the growth had recurred, was very painful to the touch even of her chemise, bled easily, and prevented walking at times. An examination having been refused, I prescribed Thuja 2^{c}, a dose about once a week. In six weeks afterward the growth had entirely disappeared, and has not returned in seven months.

XXXVII.

A CASE OF INGUINAL HERNIA.

By S. H. Worcester, M.D., Salem, Mass.

Sunday, Oct. 16th, 1870. Late in the evening was called to Mrs. R., a stranger to me and a widow, sixty years of age. I found her sitting up, looking bright and cheerful. She complained of nausea and considerable pain in the bowels. She had had a natural movement of the bowels in the morning; but in the afternoon, not feeling well, had taken castor oil and senna. Prescribed Nux vomica, 3d dec., in water; a teaspoonful every hour till so far relieved as to sleep. Directed her to send for me the next morning if she was not decidedly better.

Wednesday evening, Oct. 19th. Was again called to see Mrs. R. Found her lying down, looking sick, haggard, and restless. Was told that she had been vomiting. Her breath had an exceedingly offensive, fecal smell. Fearing that there was some obstruction in the bowels, made careful inquiries, and was assured that there was no unusual fulness and no sensitiveness in any part, and that there had been a discharge the day before, *following an enema.* Again prescribed Nux vom., 3d dec. Just as I was leaving a friend mentioned, almost as if betraying a secret, that my patient had *hernia.* But I was immediately informed by Mrs. R. that that had nothing to do with her sickness; that it was no larger nor more sensitive than it always was, and that she did not want it examined.

Thursday, Oct. 20th. I saw a member of the family and told her that the symptoms were alarming, and that I must learn

more concerning my patient. I was then informed that on Tuesday, two days before, Mrs. R. had seemed so sick that a member of the family had persuaded her to allow him to send for his family physician, a respectable practitioner of the old school; that he had learned of the hernia, had tried without success to reduce it, and had advised that a surgeon should be called; that two surgeons were called late Tuesday evening, one of them a gentleman of standing and experience, the other a gentleman who has lately returned home after long study in some of the best schools of Europe. After long trials for its reduction, these gentlemen had pronounced the hernia absolutely irreducible by taxis, and had informed the patient and her friends that a surgical operation must at once be performed, as the pulse indicated that the patient must soon sink. Mrs. R. wholly declined submitting to an operation; and the next morning, Wednesday, she went out and took a short walk. But later in the day, finding herself much worse, she sent for me again in the evening.

I examined the hernia, inguinal, on the left side, nearly as large as a goose egg, very hard, but not very sensitive. I advised an operation for its reduction, as her condition still seemed to warrant it; but she resolutely declined, saying that she was entirely willing to die, but that I must make her as comfortable as possible.

The quantity of fecal matter that was vomited was very great, and the singultus was very distressing. I held out no hope of recovery, for I had very little. I ordered rice-water for nourishment, and again prescribed Nux vom., 3d dec., in water, a teaspoonful every half hour. I saw her several times during the day. The vomiting became less frequent, the hiccough less distressing, the hernia seemed less hard and full and did not become very sensitive.

Friday, Oct. 21st. My patient seemed disappointed at finding herself still alive. The nurse reported a restless night, the mind wandering, and so sick a turn early in the morning that all thought that death was at hand. The pulse was very feeble, thread-like, and rapid. *The hernia seemed softer.* Again Nux, 3d.

Later in the day, no further improvement showing itself ex-

cept a decrease of restlessness, prescribed Nux, 30th cent. At night the hernia seemed *firmer* and *harder*. I therefore returned again to the 3d potency.

Saturday, Oct. 22d. Sleep had been more peaceful; less restlessness. Little vomiting. No hiccough. Pulse better. Hernia softer and smaller. Still Nux, 3d.

At night, under very gentle pressure, the hernia was nearly reduced, and I advised my patient to have a discharge from the bowels before my next visit.

Sunday, Oct. 23d. Was met on the street by a friend who informed me that my patient had followed my advice. On entering her chamber, which was most offensive, she informed me that she had never before been in such a plight in her life; and I think she told the truth. The pulse had improved. The tongue was very foul; the nausea continued. The dejections had been very copious and very offensive. The hernia was entirely reduced.

The patient made a good but somewhat slow recovery. She is now protected by a truss, takes long walks and frequent short journeys.

XXXVIII.

THE PRACTICAL RESULTS OF HOMŒOPATHIC TREATMENT.

By E. M. Kellogg, M.D, New York.

It is self-evident that homœopathy has now attained to age and proportions sufficient to give us positive data whereby to judge of its practical value. During the past half century its practitioners have increased so rapidly in numbers that they are now to be counted by thousands; and the time seems ripe for crystallizing their labors into facts and figures, which shall be sharp-cut and large enough to demonstrate thoroughly the actual and the comparative value of our system of therapeutics.

In pursuance of this idea, it lately occurred to me that New York City now could afford, on a large scale, this needed supply of statistical information. There we have had, for many years, scores of homœopaths practicing side by side with the most distinguished representatives of the so-called "regular" school of medicine; and there we have also had, under the direction of the Metropolitan Board of Health, a thorough registration of the city mortality for several years past; which register gives not only the time, place, and cause of every death, but also the name of the attending physician in every case. Here, then, was abundant material (for the mortality reaches up to 27,000 cases annually) to demonstrate with certainty the comparative results of the rival systems of medical treatment; for the mass of evidence is so large as to obviate any inequalities or injustice due to temporary disturbing causes.

All our statistics, worthy of the name, had hitherto been drawn from hospital and dispensary records, collected from various sources and in comparatively meagre amounts. Here was the opportunity to analyze the mortality of a city numbering nearly a million of inhabitants, the mortality too, in private practice, where only can a just and extensive comparison be made.

Access to these official records was freely granted me, and I entered on my work of investigation with the resolution publicly avowed, to stand or fall in my homœopathic faith in accordance with the practical results to be thus impartially demonstrated. The tree must be judged by its fruits, and if my search convinced me that homœopathy had not diminished mortality, how could I be justified in remaining its adherent, in clinging to a false and specious system, involuntarily closing upon myself all the doors open to the "regular" physician? In this spirit I entered upon my work, determined to deceive neither myself nor the profession. And I deem it proper to add, that if I have been at all biassed by partisan feeling in this research, it has not been in our favor, for I have, in most of the dubious cases (such as were owing to clerical errors and the like), decided against the homœopaths and given their rivals the benefit of the doubt.

Thus, then, I conducted my investigation of the mortality of our metropolis for the last two years, 1870 and 1871. I did not carry it farther back, because time failed me for so onerous a task, and also because I discovered so great a similarity in the results of those two years, that I was convinced that this similarity must pervade all the rest.

As a simple matter of justice I excluded from consideration all deaths in the public hospitals, for as these institutions are almost exclusively under allopathic treatment, their mortality could not fairly be taken into the account. And I also excluded all still-born cases and all coroners' cases, as these do not generally come within the scope of medical treatment. Thus I limited my investigations to deaths in private practice only, to such cases as died in their own homes.

These cases, then, of persons dying in private practice only, in New York City, during the years 1870 and 1871, amount to 39,634, of whom there died under the care of allopathic physi-

cians in good standing (*i. e.*, those who have not violated the code of ethics by advertising or consulting with outsiders), 30,395; of homœopathic physicians, 2530; of all other practitioners, 6709. This last item of "all other practitioners" deserves a word in passing. It includes all who are not "regulars" or "homœopaths," being made up largely of uneducated, unlicensed men, druggists, quacks, and charlatans, of all kinds, who avail themselves of the lack of any legal restrictions upon the practice of medicine in New York, and set themselves up as physicians. It also includes some educated, intelligent practitioners, worthy of the name of physician, like those independent allopaths (of whom Dr. A. K. Gardiner is an example) who refuse to be fettered by the illiberal rules of the Academy of Medicine; and it embraces, too, the members of the Eclectic Society, of whom, however, I found the names of but eighteen in the mortuary records. But leaving out these few honorable exceptions, the startling fact remains that about one out of every seven deaths in private practice in New York, occurs under the care of persons unfit and unworthy to be called physicians!

Returning, however, to our comparison between homœopathy and allopathy, I next call your attention to the number of the representatives of the two schools. I found that during the past two years there were practicing in New York City 156 homœopathic physicians and 984 allopathic physicians, in acknowledged good standing. We have then this definite point established:

984 Allopaths had	30,895 deaths,
156 Homœopaths had	2,530 "

giving an average of

30.89 deaths to every	Allopath,
16.22 " "	Homœopath,

for the two years that they were practicing side by side in the same city.

In other words, the mortality under homœopathic treatment is proportionally only 53 per cent. of the mortality under allopathic treatment, in a total of nearly 33,000 deaths.

Or, putting this startling fact into still another form, had all these 1140 physicians been allopaths, the deaths would have been 35,213 instead of 32,935; and had they all been homœopaths, the deaths would have been 18,424 instead of 32,935!

The statement may appear almost incredible to some, but these are the facts and figures drawn from official records, and we are compelled to accept them as final, unless it can be shown that there are some reasons or causes, apart from purely medical ones, that can explain away this astounding disparity in mortality.

The first question that naturally suggests itself is this: Do the homœopaths treat as many patients, man for man, as the allopaths do? or what is the ratio under the two systems of practice between the number of cases treated and the number of deaths? This is a point which can never be positively settled, for I regard it as an impossibility to arrive at the exact truth in regard to the private practice of a large number of physicians. I merely take it for granted that the average homœopathic physician treats as many patients in the course of the year as his allopathic brother. Each side naturally claims the palm in this respect; but that this assumption is just, to us at least, can, I think, be easily believed by any one who will examine the apparent business thrift and actual income returns of the two classes of physicians.

Another doubtful point is this: It is generally acknowledged that the homœopathic profession practice largely among the upper class, among our wealthier and more intelligent citizens. Will not this account for the fact that their death-rate is less, inasmuch as their patients are treated under much better hygienic conditions and surroundings? To satisfy myself on this point, and ascertain whether we treat our share of the poorer classes, I collected the reports of all the city dispensaries where the sick poor apply for gratuitous medical assistance; and from these reports for the year 1870 (those for 1871 not being all complete), I learn the fact that our homœopathic dispensaries, seven in number, prescribed for fully one-fourth as many of that class of applicants as all the allopathic dispensaries. This shows the balance to be not against us but in our favor; the homœopathic physi-

cians being less than one-sixth as numerous as the allopathic physicians, yet doing one-fourth as much dispensary work.

Only one other objection suggests itself, or rather has been suggested to me, viz., that more persons, when dangerously ill, are transferred from homœopathic to allopathic hands than *vice versa*. Even if this be so it would not militate against the force of these statistics, for I have never heard it claimed, even by our bitterest opponents, that six times as many go from us as come to us under such circumstances, and yet that proportion must needs exist, when one branch of the profession is six times as numerous as the other, merely to keep the balance even. And hence I feel justified in thinking that this argument also redounds to our favor.

I lay great stress upon the importance of accumulating such positive statistics as I feel these to be, for we, and the system of healing we here represent, are judged in the public mind solely by the fruits we bear, by the practical results we produce. And I esteem it our duty to collect and prove these results, and then so to present them that he who runs may read. It is universally admitted that we have already largely mitigated the severity of the old heroic treatment; and let us continue to pile proof upon proof, fact upon fact, until that blessed time come when the practice of medicine can be termed, not in derision, but in all truth and sincerity, "the healing art."

XXXIX.

COW-POX VIRUS: HINTS FOR ITS PROPAGATION.

By Bushrod W. James, M.D., Philadelphia.

It is the duty of every medical practitioner to adopt prophylactic measures for his patients against a prevailing epidemic, if such preventive remedies are known, and the agents are safe ones to use. Vaccination is a reliable and secure means for preventing variola, and the ill results and failures ascribed to it are not due to an insufficiency of genuine vaccination itself, but to using an agent of virus for performing it that has either become changed into a spurious article, or that has lost some of its original activity by age, by heat, or by passing through an unhealthy animal, &c.

Kine being the most certain and reliable animal for transmitting the virus with a view to purity from disease, and in the quantity of supply, as well as being the race in which the cow-pox is found to occur spontaneously, I desire to throw out a few hints regarding its propagation through cows.

While kine take the cow-pox readily by inserting active virus into the skin, I find by experience that it is not quite so readily absorbed into the human system; but when it becomes humanized, the virus most easily absorbed, or which is more active than any other, is that collected from the first remove from the cow. The violent effects of the cow-pox virus are much over-stated. The arm is more inflamed, and the crust is longer in coming off; but its protecting influence, I think, is greater than with vaccine virus.

Propagation of Cow-Pox.—None of the lower animals produce the proper kind of virus equal to kine, while some animals will

not take the vaccine disease at all. In selecting heifers, then, next to healthy, unblemished animals, it is important to take such as have well-developed udders, with soft, good-sized teats; for these are the most satisfactory parts of the animal to obtain your supply of lymph from, the teats producing the finest vesicles, and especially at their base. Those that result on the udder, among the roots of the hair, although the udder has been shaven, do not give as clear lymph, or as free from tenacity and viscidity, as the pocks that occur on the teats, and therefore it is not so easily tubed; although, for collecting on the ivory spatulas, it is quite as good, and has the same power.

In regard to the mode of inserting the virus in the cow, I have tried several plans, such as making a series of long incisions from the top to the base of the teat, and running the lymph all along the cuts; then I have tried making a larger number of small abrasions all around and along the teats and udder; then scraping off the skin here and there in spots, &c.; but the best plan is that of making special marks of small scratches, or slight incisions, crossing each other at a right or acute angle, such as Seaton suggests in his *Handbook of Vaccination;* only, instead of making three or four, as in man, they may be freely dotted over the surface of all the teats in large numbers, for seldom do they all take.

The best time to collect the lymph is just a week after inserting the virus, although in some animals (exceptional cases, however) the lymph will be most copious a day or two later. The most active lymph for transmission, I find, is that removed on the day stated.

In collecting on spatulas, run your lance around the silvery shining edge of the vesicle, and as the lymph exudes, press the pointed end of the smooth splint of ivory in under the soft edge of the pellicle of skin that covers the centre of the pock, and when you find both sides of the pointed end of the ivory spatula are sufficiently moistened, lay it away on a little rack, or on two parallel straws previously prepared, for the purpose of drying. Some vesicles will not yield more than enough lymph to moisten over eight or ten of these small spatulas; while from others it will ooze out long enough, and in sufficient quantity, to moisten

fifty or seventy-five, especially if the pock is large, and the animal has taken the disease well.

To collect the lymph in capillary tubes is a matter not so easily accomplished. Having your fine capillary tubes all prepared, of a standard calibre or bore, and from two to three inches in length, you wait, after opening the vesicle, until a drop of lymph has oozed out, and then dip one end of the tube in the drop, when it will instantly run up the tube by capillary attraction; but it will not entirely fill it, which is all the better, as you wish not to heat any portion of the lymph in sealing up the tube.

When all the lymph that will run up is in the tube, take it in your hand, and turn the other end down at an angle, and if the fluid does not run down of its own accord, give the hand a slight jar, and the lymph will be pushed along in the tube to its middle, so that both ends will be clear of the fluid, and then it is ready for sealing. Have an alcohol lamp ready; also some ice, or ice-water, or snow, in a bowl beside you; hold the finger and thumb with which you are going to grasp the tube a moment in the ice-water, or against the snow or ice, then take hold of the tube close up to one end, and hold that end of the tube in the alcohol lamp until you see it is sealed over; it is done instantly; then serve the other end of the tube in the same way; pack the tubes, when sealed, away in a small box, with raw cotton, and keep them in a cool, dark place. The object of chilling the finger ends is to prevent the heat, in sealing, from running up the tube to the lymph. The lymph secured in this manner will keep a long time. It is best to have an intelligent assistant to seal the tubes while you collect the lymph yourself, as it oozes out slowly, and sometimes you have even to squeeze the pock between the thumb and finger of the other hand, or with a pair of curved forceps, to accelerate its flow; but care must be exercised, in this event, that you do not squeeze out blood, for that does not contain virus, although sometimes a little blood becomes mixed with the virus, and shows on the spatulas; but it does not seem to impair the virus when there is but a trifle of blood mingled with it. The lymph should be kept in a cold place.

Another way of collecting the virus for tubing is, to have a

minute vial, and then on a narrow ivory spatula collect the lymph from the vesicle, and transfer it to the vial, and when you have exhausted the supply from all the vesicles, dip your capillaries, one by one, into the little vial, and seal them up, as above described. The lymph should not be exposed to the air a great while before being tubed.

As to securing the animal while vaccinating and collecting the lymph, almost any one will have ingenuity enough to adopt a plan of his own. One of the New York Dispensaries (allopathic) secures it to a sort of table, with its legs upwards, in which the animal is fastened, and kept on its back, and its feet, or hind feet, at least, are suspended in the air by rope and pulley; thus leaving the udder looking upwards, and easy of access. By buckling a strap on each front ankle of the heifer and then putting long noose-straps or ropes on each hind foot, and slipping the straps through those around the front legs, all four feet can be drawn together and the animal thrown upon its side upon a soft bed of straw, the feet secured, and the head held down, while you are operating on it, if you should not possess other conveniences for securing it.

The heifer should be well fed and watered, and cared for, after being vaccinated with the cow-pox, until after the lymph is secured.

In selecting animals through which to propagate the virus, only such as exhibit a vigorous, healthy constitution, and are in perfect health, should be used. Old animals, or lean, dirty, moping, inanimate heifers, or those exhibiting any symptom or trace of disease, should by no means ever be taken for such purpose. A second crop of vesicles cannot be produced on the same animal; so no matter how feebly the vaccine disease manifests itself in the heifer, it is useless to seek a second supply from one that has recently taken.

It is best to save a good supply of virus for use on animals in case an animal should fail to take by the transmission from one heifer direct to another.

XL.

ON THE RADICAL CURE OF COLIC FROM GALLSTONE AND OTHER CAUSES.

By David Thayer, M.D., Boston, Mass.

The disease of which I speak is known as *Bilious Colic, Gallstone Colic, Biliary Calculi*, &c. It occurs periodically—sometimes as often as once a week, and sometimes once in two or three months, and in many cases after unequal intervals of time. It occurs only in persons of mature age.

The pains are not always confined to the region of the gall-bladder; but often extend to the left hypochondrium, to the umbilical region, to the hypogastrium, often even to the right side of the chest, and sometimes shoot through to the back. These pains are sometimes of the severest kind, and symptoms of the greatest prostration often attend the worst cases, such as vomiting, rigors, coldness like that of death, dyspnœa, &c.

"In treating this disease," says Dr. Baehr, "every independent observer must deem it highly improbable that medicine can act upon these biliary calculi."

So erroneous is the opinion of this learned writer, that I am able to show that there is no disease more amenable to any medicine than gallstone colic is to China (Cinchona).

In October, 1854, I was consulted by Mrs. M., of Boston, who had been subject to periodical colic, called *gallstone colic* by her physician.

Being then comparatively young in homœopathy, I applied myself diligently to discover the remedy for this periodical disease, and after much blundering I came to the conclusion that China was the remedy, and that it must break up the periodicity of the

attacks. I gave it in the 3d potency, three or four times a day for a week, then twice a day for a week, and then once a day, and every second, third, fourth day, &c.

Mrs. M. continued for some time to take this remedy, and the hated colic has long since disappeared, and has not returned during a period of more than seventeen years.

From the success attending this case, I continued to try the same remedy in other cases for the radical cure of the periodical colic, and for the prevention of its recurrence. I will venture to state that, in my opinion, during the last fifteen years there has been no time when I did not have more than one patient with this disease under treatment. And I am also able to say, that during this long period of more than seventeen years, I have treated hundreds of cases of periodical colic with the most entire success, having had no failure in a single case *where biliary calculus was known to exist.*

But one case, the severest I ever heard of, I will allude to more particularly. A lady called on me, and inquired if I were acquainted with Mr. M. ? Did I cure him of gallstone? &c. To which inquiries I replied in the affirmative; when she added: "I am Mrs. C., of Cambridge. I have been troubled with gallstones for years. The attacks of colic come on pretty regularly every two weeks. I have no sooner recovered from one attack than I expect another. These attacks are so severe that I lose all consciousness; and once I was covered up with a sheet, and supposed to be dead."

I made the usual inquiries, and suspecting the existence of gallstone (as she assured me that the doctors had all told her that was her trouble), I said confidently that I could cure her, and gave a two-drachm vial of pellets of the 3d potency of China, with the usual directions to take six pills three times a day for a week, and gradually increase the interval of time till she came to take them only once a month, and finally only once a year.

She paid my fee, and went away. After some months she called, and assured me that *she had had no return of that dreadful colic since taking those "little sugar-pills."*

I gave her another two-drachm vialful, with directions to take them *ut semper.*

Soon after this she removed to New York, where she remained some years; during which time she sent for more of the medicine, fearing the disease might return. About two years ago she came back to Cambridge, Mass., where she now resides.

She has had several very slight attacks of pain in the abdomen, like colic, but trifling when compared with her former experience. Although all her physicians had called her disease gallstone, I cannot help thinking the case somewhat anomalous, as I have never been able to discover any biliary calculi, and do not know that she ever had any, though the attacks of colic were suddenly arrested on taking the China, and did not return at all for five or six years. I am now giving her China in the 200th potency.

One of her physicians, an experienced homœopath, believes her cure (if it can be called a cure) was effected by her following his advice to take olive oil with her food. However this may be, she had the greatest faith in China, and no faith in the oil, which she does not take with her food, but is now relying on the 200th potency of China as a preventive to this dreaded disease.

My friend and colleague, Dr. Lougee, of Lawrence, Mass., has cured a well-marked case of colic from biliary calculi with large doses of olive oil as a purgative.

Dr. Alpheus Morrill, of Concord, N. H., strongly recommends olive oil as the best means of relief for the patient at the time of the colic.

I am happy to admit that the use of olive oil, as an aperient to relieve the mechanical obstruction at the time of the attack, is a valuable adjuvant, and contributes greatly to the relief of the patient's sufferings. But for the radical cure of this painful malady, no known remedy is comparable to CHINA.

One symptom, yellowness of the skin, is generally present in well-marked cases of colic from biliary calculi. But as many of the hundreds of cases cured by China have not developed any appearance of jaundice, it is legitimate to infer that China will cure periodical colics from other causes than gallstones.

Still another symptom, a concomitant of long-continued biliary obstruction, is hemorrhage,—epistaxis, hæmoptysis, and profuse

pulmonary hemorrhage, metrorrhagia, &c. One very extraordinary case of this kind I will briefly relate.

On February 20th, 1868, Mrs. C., of Boston, a lady of great excellence of character, had epistaxis, which nothing known to the allopathic school could arrest. Several physicians had been consulted, all the arts of the Massachusetts General Hospital had totally failed, and all had declared that the patient "must die."

When I first saw her she was reclining on her right side, nearly speechless, and pulseless at the wrists. A large mass of cotton saturated with styptics plugged both nostrils, a thin watery blood oozed from the mouth and nose, and the most complete yellowness pervaded the entire skin from the scalp to the toe-nails.

Her age was 42 years and 10 months. Had amenorrhœa for two or three months. She had been bleeding from the nose about ten days when I first saw her.

Besides these symptoms she had for a long time complained of constant dull pains in the region of the gall-bladder, with great tenderness to pressure; pains in the ankles and wrists; pain in the pit of the stomach and under the scapulæ; tongue coated whitish; stools normal at times, and sometimes clay-colored; urine very dark and bilious; cold extremities. She was likewise very wakeful. Suspecting the existence of a biliary calculus, I ordered China, nights and mornings, and to arrest the epistaxis I gave Carbo veg. 3d trituration, every two hours during the day, dry on the tongue.

After taking the second dose of Carbo veg. bleeding ceased entirely for eight months.

I visited her a number of times after this, and treated her for the other symptoms.

In May and June she had severe chills. In the summer she went into the country for some three months, during which time I did not see her.

On the 31st of October I was again called, and found the epistaxis returned. Other symptoms were: jaundice; rigors; pain in ankles and wrists; rising in the night to rub her legs; pain in the region of the liver, with urine very dark and bilious; restless and sleepless. She had not menstruated for ten months.

I gave her Carbo veg. 3d trituration, and Arsenicum 4th.

November 3d. A very slight menstrual flow led me to give Pulsatilla, and in three hours menorrhagia was established, and the epistaxis nearly ceased.

November 5th. Early in the morning she died.

The autopsy disclosed a calculus of the size of a nutmeg, impacted in the gall-duct, and the gall-bladder was atrophied to the size of a large thimble, and contained a few drops of a pale fluid. The blood was found to be very watery, with no coagula.

This may be regarded as a case of vicarious menstruation, aided by the impoverished state of the blood from the infusion of bile into it; it being well known that the blood, deteriorated by bilious disease, more easily permeates the coats of the blood-vessels, thereby producing hemorrhages. Hence, in India and other tropical regions where bilious diseases prevail, epistaxis and other forms of hemorrhage are more common than in the temperate zone.

During the last six months I have been consulted by eleven new patients, all of whom are doing well, and will no doubt experience the same happy effects as the hundreds who are now rejoicing in what they believe to be a cure of one of the most painful maladies that flesh is heir to.

I have recently heard from two patients in Central City, Colorado; one of whom, Mr. G. W. C., some six or eight years ago, while in Boston, when suffering from periodical colic, sent for me. I relieved him, and gave him a vial of pellets of China, which he took with him on his return to Colorado.

His colic has never returned A friend of his, Mr. W., who had suffered for many years from periodical colic—"gallstones," as it was called—sent to me for the remedy. I sent it to him, and about two months ago he wrote me that he thinks himself cured.

In conclusion, I ask all physicians to try China for *periodical colic*. My present method is to give six pills at a dose twice a day, till ten doses are taken; then once a day till ten doses are taken; then every other day till ten doses are taken; then every third day, &c.

Several cases of a periodical disease supposed to be *renal colic*, have been cured by China, administered in the same manner as in the case of other forms of periodical colic.

SECTION IV.

REPORT

OF THE

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN,

R. LUDLAM, M.D., ... Chicago, Ill.
J. C. SANDERS, M.D., ... Cleveland, O.
J. H. WOODBURY, M.D., ... Boston, Mass.
T. G. COMSTOCK, M.D., ... St. Louis, Mo.
E. M. KELLOGG, M.D., ... New York.
O. B. GAUSE, M.D., ... Philadelphia, Pa.
S. S. LUNGREN, M.D., ... Toledo, O.
R. B. RUSH, M.D., ... Salem, O.
F. B. MANDEVILLE, M.D., ... Newark, N. J.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

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XXVI.

PUERPERAL ECLAMPSIA AND CATALEPSY; A CASE AND ITS HISTORY.

By O. B. Gause, M.D., Philadelphia.

Mrs. T., aged 29, married, of nervous sanguine temperament, gave birth to her first child at "term," Nov. 12th, 1870; whole labor accomplished in about six hours. Very soon after she was attacked with severe pain in the left side of the head, chiefly in the orbital region, causing her to close her eye.

In about four hours she had her soiled clothing removed, her bed fixed, &c. This fatigued her very much, and greatly increased the pain in the head and eye. In about five hours after this, or nine hours after the completion of labor, she became entirely blind, and ceased to be *conscious* of pain. She says she does not know whether she slept or not, but she is certain she was not fully conscious. Twenty-two hours after labor she was suddenly seized with a convulsion. During the next four days she remained unconscious of surrounding events, according to her after recollection, although she would talk and do many things, such as handle the babe and let it nurse. During this time lactation was established, but she has no remembrance of that or of other events from Saturday until the Wednesday following.

Consciousness returned suddenly like an awakening from sleep. While in this state of semi-consciousness she says it appeared as if there was a panorama constantly passing before her, so that she was excessively wearied by it. After waking, everything

that was of a light color appeared to be covered with minute black spots, about one-quarter of an inch apart. This visual disordered condition lasted for three or four days, and then gradually left her.

Immediately after her return to entire consciousness she became greatly depressed in spirits, unutterably sad, felt that she would die in despair, the whole world was dark, had a feeling of weight at her heart, felt that she had disgraced herself by having a baby, &c.

The presence and conversation of her husband, the nurse, and others would lighten this feeling a little, but it would return with full force whenever she awoke from sleep. This mental condition did not improve for about six weeks. Her bowels were not evacuated for twelve days after parturition.

When the baby was three weeks old the lochia ceased. About this time she began to sit up out of bed. Soon after this, while lying on the lounge one day, she was suddenly taken with a new sensation at or about the heart. She says it was indescribable, but fearfully intense. She called out for help, but did not move or lose consciousness; her face became of a leaden hue; the saliva thickened, and she had a peculiar sensation at the root of her tongue. The paroxysm lasted about two or three minutes, then gradually passed off with a sigh, leaving her wearied and exhausted.

This kind of paroxysm became of frequent occurrence, of greater intensity, and of longer duration. They came suddenly, under every circumstance of position, occupation, or surrounding. At table when eating, when sitting at her work, when engaged in social enjoyable amusement, when walking the street, or when asleep. Sometimes there would be several a day. This condition lasted until her babe was three months old.

She says it required much mental effort to keep her from committing suicide, and that she has frequently bitten herself as a kind of relief from her feeling of desperation. She relates that, on one occasion, one of these "spells" (as she calls them) came over her while walking on the street; on seeing a man a feeling came over her (that she resisted with difficulty) to spring at him and tear him to pieces.

She felt that she was going insane; but after her child was three months old the frequency of these recurrences was lessened, and they returned, with some degree of periodicity, about the middle of the month, lasting for a day, during which she would have several, to be followed by a sense of mental depression for about three days; occupying in all about the time of a menstrual epoch. This manner of recurrence lasted for about six months. Then, without any material change in the character of the "spells," they began to come irregularly, sometimes every two weeks, sometimes not for six weeks. She was led to expect that on the return of menstruation she would be freed from this "awful condition."

To this change she looked forward with all the eager hope of a condemned prisoner to the day which terminated his sentence of condemnation. This occurred when her babe was fourteen months old. But "hope told a flattering tale." Her menses became regular and normal, but the only relief she experienced from her terrible affliction was a slight abatement in the severity of the paroxysm, which still came on at irregular intervals and of different degrees of intensity; but what they lost in intensity was made up in frequency.

At this writing her babe is about nineteen months old. The whole duration of a paroxysm, *i.e.*, the "spell" itself and its immediate effects, will pass over in about fifteen minutes, and she will be quite herself again. They still come on without regard to surrounding circumstances, when asleep or awake, in all respects as before described. The writer of this became acquainted with her, and began to treat her when her child was about eighteen months old. Although under a constant dread of insanity, and consequently uniformly low-spirited, she never weeps. She says the "spells," when they come on, cause a kind of mental terror at the time; she wants some one near her, but does not want them to touch her; says she knows everything that goes on about her, but cannot move; and thinks she does not wink, but keeps her eyes open and immovably fixed. The spell passes off with a sigh. She refers the sensation to the præcordia; says there is a weight of sadness there that is terrible; the feeling is not pain, but emotional; says she believes she has

them without waking from her sleep; for she feels as if she had had a terrible dream, without any remembrance of a dream.

On inquiry as to her condition prior to parturition, I learn that she had considerable swelling of the limbs. This fact, together with the other fact that the restoration of the normal functions of the unimpregnated uterus has had no perceptible influence upon the "spells," will enable us to form some idea as to the location of the seat of the difficulty.

Since the pathological researches of Marshall Hall and others into the causes of convulsions and kindred affections, we may regard it as one of the demonstrated facts, that puerperal effects of this kind have either a *centric* or *eccentric* origin. Before the researches of Hall and others it was believed that all these effects were of a *centric* origin, or, in other words, were dependent upon some irritation applied directly to the spinal cord, that is, to the medulla spinalis, medulla oblongata, pons varolii, crura cerebri, and tubercula quadrigemina; but it is now known that these centres may be acted on reflexly, the irritation being at the peripheral extremity of the nerves, which Hall denominates "incident excitor nerves," and the result a motor impulse, or reflex action.

In nearly every case of puerperal nervous affection we are apt to jump to the conclusion that it depends upon reflex action, or is of eccentric origin. In my judgment too much care cannot be used in making up the diagnosis in each given case. As in the case under consideration, our prognosis at the outset, based upon the diagnosis of a reflex cause, if I may so speak, would be restoration as soon as the uterus resumed its normal unimpregnated condition and functions. The sequel disappoints us, our patient does not recover, our prognosis fails, and our patient is disgusted and completely out of heart.

On referring to the pathogenesis of Cocculus indicus, under the head of General Symptoms, we find an array of symptoms which are an exaggeration of this patient's case. Under the head of "Moral Symptoms" we find as cured symptoms, "*Anxiety*," "*Anguish about the heart*," "*Anguish of death*," "*Sudden, violent anguish.*" Under "Sleep," "Frightful anguish which seems like a dream." Under "Head," "*Stupid feeling of the head.*"

"Thinking fatigues the head." "*Headache as if the eyes would be torn out.*"

This, it will be remembered, was the condition at the very onset of the disease, which began just after the accomplishment of labor, and became so intense as to destroy her sight.

I did not find any other remedy that seemed to me more nearly resembling her present condition, and at the same time covered the case at its first development. I therefore prescribed Cocculus[6], in water, three times a day for three days. I have now, August, 1872, watched the case carefully for four months, and find all her symptoms nearly removed. Once in a long time she says she has had a reminder of her old symptoms, but the *anguish does not return*, and I regard her as essentially well.

I have given her Cocculus[30] and [200] at different times during the first two months. For the past two months she has had no medicine for the old troubles.

XXVII.

AUXILIARY TREATMENT IN UTERINE HEMORRHAGE.

By J. H. Woodbury, M.D., Boston, Mass.

In a report which I had the honor to make through this bureau, and which was published in the Transactions of the Twenty-first Session of the Institute, held at St. Louis in 1868 (Sec. IV, Art. 5, p. 43), I took occasion to "protest against the summary ignoring and repudiation of those old and well-tried remedies for flooding, the tampon, the colpeurynter, and the application of cold, either internal or external, or both, as the case may require," claiming "that they are by no means antagonistic to homœopathic treatment, but rather its adjuncts, inasmuch as they mechanically or otherwise restrain the hemorrhage while the properly selected homœopathic remedy has time to act;" claiming further that, "in my opinion, any course of lectures or any treatise on obstetrics which withholds from its students the knowledge of these remedies for one of the most desperate emergencies of a woman's life, as well as many times of a young physician's reputation, is guilty of a culpable omission." "Let the student of homœopathy be carefully and faithfully taught the proper sphere and use of all our remedies; but let him also be taught that he can do something more in cases of excessive uterine hemorrhage than to stand quietly by and wait for the action of a remedy, no matter how well indicated, while the life-blood of his patient is flowing *pleno rivo* from the open mouths of the uterine vessels."

In the report for 1869, Sec. IV, pp. 67 and 68 *et seq.*, I find

myself quite sharply rebuked for my protest, and the "appliances," which I had tried to defend, characterized as "allopathic," and therefore, however useful, not to be thought of for a moment by the true homœopathist, no matter how great the emergency. In reply to this I stated that, "these means and appliances did not belong exclusively either to homœopathy or allopathy, for they are not medicinal; but, while from their very nature they cannot be claimed as belonging exclusively to either or any school, they certainly do belong to the domain of common sense."

In the report for 1870, Sec. IV, p. 161, a case is reported "for the benefit of those blessed with common sense and a tolerably fair knowledge of the drug pathogeneses of the Materia Medica," in which a recovery took place following the administration of highly attenuated medicines for a considerable time, "after the vaunted paraphernalia of the old school had failed." In order that this case may be fully understood, as well as the criticisms which I propose to offer upon it, I will quote it nearly entire, in the words of the author. This patient "was in a very critical condition from uterine hemorrhage, with retained placenta. The tampon had been applied by the attending physician according to the nicest rules of 'common sense,' but, no matter how nicely applied, it would invariably slip out of the vagina. While the woman was quiet in bed, but very little blood escaped, and that in the form of black strings; on rising to the chamber at intervals, a large quantity of dark blood would escape. Finding the balance of the patient's symptoms corresponded with the pathogenesis of that drug, Crocus[200] was given, at increasing intervals, for forty-eight hours, when a sensation was felt as though the bowels must move and as though a portion of the fæces was already in the rectum, which led to the administration of Nux vom.[200] every two hours. Soon after the second dose, the placental mass was discharged spontaneously from the vagina. This case is given as another instance of the entire reliability of the law of cure under all circumstances and in all cases." And further on the statement is made that "the woman aborted, retained the placenta, and flowed because she was not well;" which statement, to have more than a very limited value in this

discussion, must be held to apply to abortions generally, inasmuch as by far the largest proportion of abortions are traceable to some direct cause, to the operation of some shock or violence offered to the womb, either accidental or otherwise.

With a degree of egotism pardonable perhaps under the circumstances, I assume to belong to the class for whose benefit this case was reported, and beg leave, in the light of common sense and, I trust, of science also, to offer a few criticisms upon the case, its pathology and treatment.

First, then, I am forced to believe that the original "attending physician" in this case was one of that unfortunate class from whom a knowledge of the tampon, its proper sphere, and its mode of construction and application had been withheld; for a tampon prepared and "applied according to the nicest rules of common sense" *never slips out* of the vagina: First, because it is made so large and so long as to completely fill and somewhat distend the vagina, by which two objects are accomplished: first, the tampon is quite certain to be held in place by the muscular walls of the vagina; and second, the loss of blood is almost entirely prevented. To prevent any possible tendency to "slip out," it should be firmly held in place by a bandage, worn as in menstruation, which renders it impossible for the tampon to become misplaced.

Second, "common sense" never would have advised the use of a tampon in such a case as the one reported. Indeed, such a one is the furthest possible from the appropriate case for its use. It is in cases of *flooding*, "where the life-blood is flowing *pleno rivo* from the open mouths of the uterine vessels," that I asked that its use might not be forgotten; not in cases of moderate oozing of dark blood "passing away in strings." It is hard to conceive of a physician so ignorant or so stupid as to resort to a tampon in such a case, and I can only reconcile it on the ground of his utter ignorance of the tampon and its appropriate use.

There is a certain consistency, however, pervading this whole affair; for any man who would apply a tampon at all in such a case would be very likely to apply it in such a manner and of such a construction that it would "slip out." While I fully

agree with the author of this report as to the inappropriateness of the tampon as a remedy for the hemorrhage in this case, I would remark, in passing, for the benefit of those who have little practical knowledge of the value of the despised tampon, that even in this very class of cases it will, when properly applied, very frequently prove a most prompt and efficient remedy for the cause of the hemorrhage, the retention of the placenta. Thus the effused blood is retained behind the tampon in the cervix uteri, which is thereby dilated, uterine contractions follow, and the whole mass, placenta, coagula and all will be found expelled into the vagina on the removal of the tampon. I have witnessed this favorable result in several cases that had withstood for a considerable time the most careful medication of physicians whom I regard as possessing more than "a tolerably fair knowledge of the pathogenesis of our Materia Medica."

Now, having denied that the treatment pursued in this case was a "common sense" one, I wish to go a step further, and indicate what I believe would have been such.

Now, what was the actual pathological condition existing in this case. Simply this: an abortion had occurred; the fœtus had been expelled, while the placenta, either wholly or partially detached from the uterine walls, remained in the womb, and was the sole cause of the hemorrhage. How can this be removed in the quickest and safest manner? for it will be conceded, I think, on all hands, that so long as it remains in the womb it is liable at any moment to become the cause of severe and sometimes fatal hemorrhage, and quite sure to produce, at the very least, a moderate but persistent oozing. Who has not seen cases of this description, where, in spite of any and all treatment, the hemorrhage has continued for many days, and only ended at last, as in the case cited, by the expulsion of either the entire placenta, or, as not unfrequently happens, of only a comparatively small piece?

How can this immature retained placenta be most readily and safely removed? I answer, in my judgment, by the use of the abortion forceps, the admirable invention of the late Prof. Loomis of the Homœopathic Medical College of Pennsylvania. By the use of this instrument such cases as the above are readily

"cured" in a very few minutes, and the whole danger and liability to hemorrhage removed without the use of a single dose of medicine. Nor can the treatment be denounced as "allopathic," unless we admit the paradox of a homœopathic professor of obstetrics inventing and perfecting an allopathic instrument.

Within the past year I have used this instrument in at least six cases, very similar to the one cited, where the subsequent loss of blood did not amount to a single ounce, and where the commencement of convalescence dated from the removal of the retained mass. As a general fact does "the woman miscarry because she is sick?" In a small minority of cases this is, doubtless, true, but in a very large proportion it is not. "Common sense" leads me to this view of the cases. By some violence, either designed or accidental, the embryo is deprived of life, and from that moment the whole contents of the womb becomes a foreign body; something to be got rid of and expelled from the system; and to accomplish this all the energies of the system are summoned. The fœtus is expelled with comparative ease, but the placenta, from its firmer adhesion to the uterine walls, offers more resistance. From the umbilicus or from its partially detached surface, or both, hemorrhage takes place either constantly or occasionally, and thus matters may go on for days or even weeks, the woman suffering meantime from no disease except such as arises either from the loss of blood or from the presence of this frequently partially-decomposed mass within the womb, and from which she immediately commences to recover upon its removal. Pathology has been very justly termed "sick physiology;" but in these cases the uterine physiology only suffers from the presence of the partially-detached placenta within the womb, and resumes its usual functions with equal promptness as soon as this is removed, whether by the aid of the forceps or of the 41m of Nux vom. This report closes with the question, "What was thought of the man who some years since proposed to plug the anus as a cure for cholera?" And the depressing opinion is volunteered that "he stands about as high in the esteem of the profession as the man who advocates the use of the tampon will stand ten or twenty years hence." But this can only be true of that portion of the profession (if any such exists) who see

no difference between the life-blood of a flooding woman and the "rice-water discharges" of a cholera patient, between hemorrhage and diarrhœa.

In closing let me say, I yield to no man in my faith in and admiration for "the law of cure" or in my zeal for homœopathy. But while I realize the immense advantage derived from the application of homœopathy in the administration of medicines, I also realize that there are other "means and appliances" for the relief of pain and the comfort and well-being of the sick, which are by their very nature the common property of all men who style themselves physicians, and which all may use without any sacrifice of their professional self-respect, or without doing violence to their professions as members of any particular school of medicine. I would have our young men taught and our older men to realize that in their knowledge of the homœopathic law of cure and its application, they possess means for the cure of disease far superior to the adherents of any other school of medicine, and I would also have them realize that their adhesion to this law of cure by no means excludes them from, but rather entails upon them as men of broad and liberal views and culture, the most perfect knowledge attainable of all those non-medicinal means, which, superadded to the appropriate medicines, may enable them more fully to perform their whole duty to their patient; to cure her "*tuto cito et jucunde.*"

XXVIII.

A CASE OF PUERPERAL CONVULSIONS.

By R. B. Rush, M.D., Salem, O.

In the evening of October 9th, 1871, I was called to attend Mrs. J. in confinement. I found the pains regular, os rigid, the head high in the superior strait. The following morning the mouth of the uterus was dilated to about the size of a silver dollar, though still rigid and slow to yield.

The patient complaining of headache, I gave her Bell. 6th, which afforded relief in less than an hour. At 4 P.M. the membranes ruptured, the os being yet rigid and not sufficiently dilated; the occiput presented in the left sacro-iliac region, occipito-posterior position; the pains were regular. The patient rested well between her pains, and at 6 P.M. she ate some supper. She had a good pulse, but shortly after supper she vomited freely. Sitting up in bed soon after, and asking if I could not do something to help her, I explained why her labor was so tedious. Soon after this she laid down, threw up her hands, and went into a convulsion.

I gave Belladonna 3d, and upon examination found the os uteri more dilated and yielding, and sent for my forceps. With each pain came a fearful convulsion, my patient being entirely unconscious between them, and the dilatation going on slowly.

At 11 P.M. I applied the forceps, and soon delivered her of a fine healthy child. The convulsions continued to come every ten minutes, and there was no return of consciousness. I left her under the influence of Belladonna, and sought some rest.

On the morning of the 11th I found her restless. At one time during the night there was no spasm for two hours. They con-

tinued about every twenty minutes till 2 P.M., when none occurred until 4 P.M.; but there was no return of consciousness.

At 4 P.M. she had a convulsion lasting an hour and a quarter, characterized by jerking of the limbs, twitching of the hands, with cold perspiration, tongue swollen double its natural size, and white-coated, face red and puffed. I gave Cocculus 1st, and in two hours the convulsions ceased; my patient remaining comatose, with frequent startings through the night.

October 12th. Found her conscious, able to recognize me, but talking a little wild; pulse 120; skin hot and burning; lochia normal; breasts enlarged and turgid. I gave Aconite 3d every hour.

In the evening I found the pulse 96; the milk running freely from the breasts; the mind clearer. Aconite continued.

October 13th. Found she had passed a restless night; was in a state of furious delirium; talking about religion, and swearing terribly by turns; laughing one moment and crying the next; moving her limbs, and rolling constantly from one side of the bed to the other. I gave Stramonium 3d all day and during the succeeding night.

October 14. Found little change, and continued the Stramonium.

October 15. Being called at 4 A.M. I found the pulse 100 to 110; a constant effort to throw off the covers; obscene talk, mingled with scraps of the Episcopal church service; lochia right; no tympanitis. Gave Hyoscyamus alternately with the Stramonium. At 10 A.M. Prof. T. P. Wilson, of Cleveland, saw the case in consultation. The pulse had gone up to 130 to 150. Upon the least effort to control her wild talk and ways she would become furious, and then would weep. Gave Ignat. 3d, but with no success. In the evening gave Ignat. 30th.

October 16th. Found no material change. There had been no sleep till 5 A.M., when she had some rest. At 11 A.M. the delirium was more furious; her talk louder; her eyes red and glaring, with efforts to bite and strike; tearing her clothes and clawing at her breasts. Gave Belladonna 2d, five drops in half a tumbler of water; a teaspoonful every hour. At 3 P.M., being sent for, I found no change, or, if any, the patient was worse. I poured

a small quantity of chloroform upon my handkerchief, and allowed her to inhale the vapor slowly. She soon became quiet, and I left her under Belladonna.

October 17th. There were short naps during the night, but the same furious delirium. The bowels were moved by warm water enema. Lochia scanty; urine retained. Used the catheter. Pulse 96. Belladonna continued.

October 18th. She had had three hours' continuous sleep in the night at one time and two at another, but was still wild when awake. Urine passed involuntarily. Belladonna continued.

October 19th. Found her constantly talking, singing, swearing; tongue clean, and reduced to near its normal size, with red edges; skin moist; eyes looking more natural; pulse 96. Belladonna continued.

At 8 P.M. she was more quiet, and talked less; complained of pain in the neck of the bladder, where there had been some trouble before marriage. Gave Cantharis 6th and Belladonna 6th alternately.

October 20th. No special change in symptoms; had slept about two hours at a time. Belladonna and Cantharis continued.

October 21st. Had slept but little during the night; talking in a whisper, and repeating scraps of poetry and church service. Gave Belladonna.

October 22d. Had rested well during the night; seemed pleased with her babe, and gave it the breast, with considerable sighing and other signs of grief. Gave Ignatia 12th, every two hours.

October 23d. Sighing and crying nearly all night; had slept but little; able to recognize all her attendants; milk returning, and babe nursing well; passed urine properly for the first time. Ignatia continued.

From this time there was a steady improvement in all the symptoms; the secretions becoming entirely normal until health was fully restored. I report this case to show the successful action of some of our remedies, and to elicit the observations and views of other physicians in regard to the treatment of such fearful convulsions.

XXIX.

UTERINE AND OVARIAN TUMORS:

THEIR CAUSES AND THE PRINCIPLES OF THEIR CURE GENERICALLY AND SPECIFICALLY CONSIDERED.

By A. B. Smith, M.D., Geneva, N. Y.

As morbid organic structures, and morbid action or processes, can be known only by comparison with the normal structure and normal action, we propose briefly to state what we believe to be the conditions of health in tissue composition and action, and in the light of these to determine what are abnormal conditions—those leading to tissue degeneracy, or more properly to disorganization, to disease, and death.

First, then, as all, or nearly all organized substances have the same basal elements, we conclude that the number and arrangement of the atoms give to each organism, and to all the parts of each organism, their characteristic peculiarities, and that each has its typal arrangement and number of atoms, as well as its figure or shape; and that a difference in the number and arrangement of the atoms causes the infinite varieties of organic manifestation, and that the life-force, in each individual, needs for the accomplishment of its destined work a definite number of the atoms of the elements of which it is composed. Though, according to the theories of materialists, the constructing force is not the evolution of the matter of which the organism is composed, but lies outside of it, yet it needs for its specific work through the life-cycle of development and function, the atomic

number; and the absence of even one of the atoms of any one of the elements of which the organism is composed, would, according to the influence of each atom in the structure, alter it. The conditions of a normal organism lie primarily in the matter of which it is composed, and any variation in the typal material will as really change the character of the organism, and so of its functions, as a change in the number of atoms of one of the elements of a chemical compound would alter the chemical character of the compound. The peculiarities of organized cells, like those of a chemical compound, reside as really in the number of the atoms of each of the elements as in the elements; the elements and the number of atoms of each make them what they are, and so the life-force requires for the normal manifestations of itself the appropriate material compound.

If, then, every organism, and every tissue of every organism, has its typal cells, and the specific action of each tissue and organ is the result of such specific composition, then, as each tissue and organ has a specific office in the life-processes, a definite number of cells of a specified type is required, so that, in the combination of the forces of the cells of each structure and organ, resides the life-power of the organism; or it is through them that it gets its legitimate expression. Each cell, then, is made what it is by the specific combination of the atoms of the elements of which it is composed, and the force of a structure or organ depends on the number of its cells; and as a specific amount of organic force is required for each tissue and organ each moment of time, and since, so far as we know, cell metamorphosis of a given velocity is the source of normal organic action, any variation in the velocity of the building up of cells would correspondingly change their character and functions, so that a rhythm suited to the typal period of cell metamorphosis is necessary. If, then, a definite amount of the material of which the cells are made is to be supplied in a definite period of time, there must be channels of a given size, and the fluid must be conveyed through them with a given velocity, in order that the wants of the cells, both with respect to material and the period of receiving it, may be met by a given quantity reaching them in a given time.

To recapitulate—each organism has its type in composition, structure, form, function, and cycle of existence, and to pass normally through all the cycle of its development and activity requires the typal number of the atoms of each of the elements entering into its structure.

In the human body, the fluid furnishing food for the structures should contain all the elements in the normal relative proportion for every tissue; and the vessels conveying the nutriment should be of a specific number and calibre; and the fluids should circulate through them with a specific velocity, so as to give to each part a definite amount of material in a specified time, so that, in the normal period for a cell to be constructed, the appropriate quantity of material for its construction shall be provided; and any change in these conditions will alter correspondingly the structure and functions of the organism.

Take from a cell one or more of the atoms of any one of its elements, and you have altered the character and action of the cell; and in like manner the character and action of the tissue or organ to which it belongs. So with the individual structure: if you take from or add to the structure one or more cells, by the power of each individual cell have you changed the influence of the structure in the organism; and as a normal tissue or organ has the power, when all the conditions are present, to make a definite number of cells, with a definite force or life-power in each, the addition of more cells will be attended with a corresponding diminution of the vitality of the added cells.

Hence a change from the typal standard in the atomic composition of a cell, is the beginning of death in the cell, and so in the tissue or organ of which it forms a part.

So, likewise, if you alter the number of cells in an organ, you alter the vitality of each cell in the organ, and the action of the organ in the organism; and by the subtracted vitality you have moved the organism towards death.

Also, to change the calibre, angle of flexion, or number of vessels of a tissue or organ, or the velocity of the fluids circulating through them, will you, by changing the number of cells made, and the time required to make them, alter their vitality and action, and begin the work of disorganization.

It seems clear, then, that perfect health requires the normal, typal, elemental, and atomic composition of every structure of the body, and a typal rhythmic movement in all the processes; for the brain, the atomic number of the elements comprising brain structure, and so of all the other tissues; and for a body of a specific size, a definite number of cells, and, to feed it properly, a specific number of vessels and of a specific size, capable of conveying a normal quantity of blood in a given period; and any, even the minutest, deviation from the typal conditions would cause a corresponding change in the structure and function of the organ, and in the functions of the organism. Maintain a normal cell composition through all the parts of an organism, and give to each tissue its standard number of cells, and there can be no such thing as disease. In the cell, we are to look for disease; and in its normal composition and metamorphosis for the way to health. Disease generically, then, is a departure, however small, from the typal standard of organic composition and action, and can be removed only by a restoration to the legitimate standard of composition and action.

CAUSES OF DISEASE.

Any material or mental influence, not acting in harmony with the conditions of organic life, may be a cause of disease; and this will lead us to consider, first, the generic or predisposing causes, and, secondly, the proximate causes.

GENERIC CAUSES OF DISEASE.

1st. Depriving the system of the proper proportion of the legitimate elements of organization—such as phosphorus, iron, silica, &c., &c., by bolting wheat and other grains, wheat losing $6\frac{1}{2}$ of the $8\frac{1}{3}$ parts of phosphorus belonging to it, &c.; also, by so cooking food as to expel some of the most important elements; also, bad ventilation, want of sunlight, &c.; giving food that contains too much of some of the elements, such as sugar, butter, white bread, rice, all confectionery, &c., &c., in the use of which the tissues are constantly degenerating or disorganizing; also, the want of a proper amount and kind of muscular exercise, which withholds the indispensable conditions of muscular de-

velopment, and thus deprives the body of the proper action of its locomotive and adjusting apparatus.

To these may be added, as causes of disease, the want of a due amount of sleep, and of sleep in the night; the prodigal waste of nervous tissue by the exciting and wicked associations of modern society, by novel reading, and by the use of stimulants, cordials, and narcotics, by which the life-powers of the body are being diminished and misdirected,—to a greater or less degree violating every condition of normal body and soul life and development.

Then, we repeat, that to withhold in the daily food what the normal organic processes require, and to expose the body to a vitiated atmosphere, or to less than the normal amount, by unduly heating it, or by so compressing the chest that the lungs cannot receive it, will lead to organic degeneracy and disease.

PROXIMATE CAUSES OF DISEASE.

With every organ and tissue of the body enfeebled, and acting imperfectly, it can be readily comprehended how the following causes will produce tumors, fungous, encephaloid, and scirrhus cells, &c., &c.

To specify: 1st. Clothing improperly constructed, and so applied as to compress the chest and abdomen, and to force the abdominal and pelvic organs out of their normal position.

2d. High-heeled shoes or boots, which alter the mechanical relation of every part of the body, and so change the pelvic axis as to deprive the pelvic organs almost wholly of the support the pelvic bones and ligaments give them, by which the vessels are compressed, shortened, lengthened, and flexed, and the circulation changed in velocity and volume.

3d. Mechanical supports of all kinds, external and internal.

4th. All irritating applications, such as astringent vaginal injections or mineral caustic applications; these all irritate, weaken, and congest the vessels.

5th. All forms of uterine displacement, especially the various flexions of the organ; as the compression and flexion of the vessels, together with the mechanical irritation, cause congestion, which excites morbid cell action.

6th. All the forms of internal medication which unduly excite the circulation in the uterus and ovaries; all forms of unnatural sexual excitement, masturbation, abortion, &c.

7th. All influences, mechanical, moral, medical, &c., &c., that cause a habitual congestion of the organs, when it is associated with constitutional weakness, will produce tumors or a malignant cell degeneracy, terminating in ulceration or other forms of disorganization that end in death.

The process then by which tumors are developed is briefly the following: The white blood-corpuscles and bioplasmic granules accumulate in the congested capillaries, the granules, as Beale and other microscopic observers believe, passing through the coats of the vessels; when there, they set up a new cell development, which proceeds with a velocity corresponding with the increase in the number of added corpuscles and bioplasmic granules, or in the quantity of blood in the capillaries, and each new cell diminishing in vitality in the same ratio as the cells increase in number above the normal standard; that is, when more than the normal quantity of blood enters the vessels of an organ, and is retarded in its passage through them, more cells and less perfect ones are made; and to continue this process will increase the size of the organ and diminish the vitality of each cell in the organ—just such a condition as is found in all morbid growths.

TREATMENT.

The treatment indicated by what appears to be the nature of disease and the causes by which it is produced, and by the nature and conditions of health, is the removal of all the causes of morbid organic structure and functions, and the fulfilment of all the conditions of a normal body life.

To specify: 1st. Withhold all improper food, and correct the wrong methods of preparing it; wear no clothing that compresses the body or disturbs its proper mechanical adjustments; also abandon all forms of mental and moral dissipation. The neglect to observe these negative conditions will render the best treatment comparatively useless.

2d. Make use of suitable food—such as contains the elements of a healthy body in the proper relative proportions—and prop-

erly prepared, and given at proper times, and in quantities suited to the actual condition of the patient. The importance of a well-regulated dietetic management can hardly be over-estimated. To have a normal body, the material conditions for its construction must be present; and just so if you would repair a diseased one. The enfeebled brain, lungs, muscles, &c., &c., must be provided with the elements that make normal ones, such as pure air, since every normal organic process requires it; and sunlight is as necessary to the proper growth of the body as it is to the growth of plants; while without well-regulated muscular exercise, the body cannot be vigorous and rightly adjusted in all its parts.

Clothing should be so constructed as to have all the weight suspended from the shoulders, and be so large about the chest and bowels as to cause no side pressure, and to afford to the lungs the most perfect freedom of action.

To be more specific: We should learn, so far as we can, the inherited and acquired physical peculiarities of our patients, their habits in eating and drinking, mode of life, &c., and should induct them into proper habits, with as little jostling as possible. We must not too suddenly reverse all their habits; an enfeebled and perverted body often is not able at first to appropriate normal food, or to bear as much air and sunlight as it must do before it is well. Nor do patients always appreciate the importance of legitimate thinking and feeling, and they may know really nothing of the influence of the mind on the body. This careful adjusting of all your appliances to the actual condition of the patient is as important and indispensable as to do things suited to produce a normal body, and a failure often lies just at this point. A body that has always been supplied with food lacking a normal proportion of the elements required, has not the amount and kind of vital force necessary to assimilate the quantity which a healthy body would appropriate. If a normal brain has $1\frac{8}{10}$ parts of organized phosphorus to 100 parts, and the diseased brain only $\frac{8}{10}$ to 100 parts, food containing the legitimate proportion cannot all be assimilated,—neither will any portion of it be perfectly assimilated—as nothing but organized

phosphorus can assimilate phosphorus, and so of every other element.

Legitimate muscle-making elements, such as cheese, beans, beef, &c., &c., can be assimilated in normal quantities only by those having a healthy muscular development. How much do you think a delicate female, with very slight muscular development, and who had always been living on white bread, pastry, confectionery, &c., could organize? But very little, as she has but little tissue having vitality adequate to the assimilation of muscle-making elements.

Hence, while you keep before you the health standard in your selection of food, and the proper arrangement of all the habits of your patient as the point to be reached, if you would be successful, you must carefully adjust everything to the actual state of your patient. If to-day your patient can organize one ounce of suitable food, and have strength enough given by it to bear one minute's friction, and galvanism of a given strength for five minutes, and to walk ten rods, or to do any other legitimate thing, so as to impose a definite draft upon the strength, observe all the conditions carefully; and then add to the quantity and strength of your food, and to the legitimate tax you put upon the system, according as the real organic life-force is increased. I repeat, it is only by pursuing this course, the conditions being normal, that recovery may be secured.

Having stated the fundamental principles in the care of the sick, especially in chronic cases, we proceed to state specifically *the treatment we adopt for the removal of tumors.* What we have to do, then, is to diminish the quantity of blood in the tumor and increase its velocity through the vessels, and in this way lessen the number of cells which it makes each moment of time, and so improve the character of the cells which it does make, by giving to it better blood and a more healthy nervous influence. If, then, by any and all legitimate means, we are able to-day to diminish by 10, 100, or 1000 the number of cells made by the organ, and in the same proportion to increase the vitality of those made, and if we can continue this each day in a constantly increasing ratio, and correspondingly increase the vigor and health of all the other parts of the body, we can ultimately remove the tumor

and cure the patient. We seek then, by friction with dry or wet towels, as the condition of the patient indicates, to invite the blood to the skin, and by manipulations, by the Swedish movements, by vibrations, muscular exercises voluntary and involuntary, to bring the blood into the muscles in the extremities and all over the surface of the body, and in this way reduce the quantity in the tumor. After which we manipulate, by a sort of squeezing process, grasping parts or all of the tumor, as it can be reached through the abdominal walls, by the hands, and in this way, and by percussion, &c., quickening the circulation through the tumor, and by stimulating the vessels we contract them and lessen the amount of blood in them. Often the manipulations soften the tumor, and remove heat and tenderness while they are being applied.

LOCAL INTERNAL TREATMENT.

When there are fungous cells within the cavity of the uterus or on the cervix, warty excrescences, polypus, ulcerations of the cervix, or any local cause of congestion producing hemorrhage or leucorrhœa, as is often the case, I destroy such cell-growths, ulcerations, &c., by the application of nitric acid on the point of a stick of soft wood. I whittle it down to a small point, and, after saturating it with the acid, apply it through a speculum to the part I wish to remove. In this way I remove all small polypi, as the operation is attended with little or no pain, and with no unpleasant after effect. Healthy granulations have always followed its application in my practice. I also use a solution of carbolate of soda, or carbolate of soda and glycerin, chlorate of soda, chloride of sodium, or castile soapsuds, when there is a catarrhal discharge from the cavity of the uterus or vagina, with or without irritation of the parts. I also use such homœopathic medication as the symptoms of the patient indicate.

ELECTRICITY.

No therapeutic agent in my experience so rapidly changes morbid structure as electricity. Its mode of action, as revealed by the facts that can be witnessed by any careful experimental observer, apart from all theories, is to contract the vessels of the tissue or organ through which the current passes, diminishing

the amount of blood in them, often emptying many of the capillaries; and at the same time it diffuses the circulation, causing warm hands and feet, and a gentle action of the skin, &c. Its physiological action is in complete harmony with the mechanical treatment I have indicated, removing local hyperæmia, and by the general diffusion of the circulation promoting normal organic action through the entire organism, and lessening the number of cells made in the tumor or congested structure. Where we desire such action as we have described we apply the negative electrode to the cervix uteri, and the positive one to the spine and abdomen alternately. Where the tumor is of a fungous character, and I wish, as rapidly as the safety of the patient will allow, to destroy the structure, I introduce into the cavity of the uterus a large platinum wire attached to the negative pole; or when I cannot reach the cavity of the uterus from the position of the organ, or because of its closure, I plunge a fine needle of platina or steel into the tumor, and at the same time apply the positive pole, attached to a sponge, to the bowels or back, with one, two, or more battery cups attached, as I find the case will bear; and I continue the application from eight to twenty-five minutes. The length of time for continuing the applications, and the frequency with which they are repeated, the condition of the patient and the influence of the application must determine, as I have already indicated. So far I have always treated fibrous tumors with the insulated vaginal electrode, never having used the needle in a single instance.

While, as a curative agent, electricity cannot be dispensed with, as it does what nothing else can do, yet when unaccompanied by the proper physical and physiological conditions, it will seldom yield any permanent benefit, and often, in the hands of the inexperienced, does irreparable harm by the general and local nervous prostration it induces. Like every other legitimate agent it must be properly adjusted to the actual condition of each individual case, and on this adjustment, as really as on the nature of the agent, the curative influence depends. Finally, I may state that, by the treatment indicated, I have cured five-sixths of all the cases which I have treated during the last eight years, several of which I will describe in due time.

XXX.

PUERPERAL CONVULSIONS—CASES FROM PRACTICE.

By O. P. Babb, M.D., Richmond, Ind.

Case I.—On the 8th day of November last I was called in consultation with Dr. T. H. Davis to a case of eclampsia puerperalis. On my arrival I found a woman in the first pangs of labor (primipara); pains erratic and irregular; convulsions not dependent upon the pains, as they occurred between the pains as well as with them. These were my first observations; after which I learned that the lady was a Canadian, on a visit to her sister. She was twenty years old, of bilious lymphatic temperament, closely built, of strong muscular fibre, broad shouldered, and a high liver, enjoying heartily the richest food. Her face was alternately flushed and pale; pulse, when free from spasm, 80, full, regular, and incompressible; respirations twenty per minute. These were the conditions independent of the spasms. On further inquiry, I found she was attacked during the early part of the night, while upon the *bed-chamber* to evacuate the bowels, having, some hours previous, taken four cathartic pills. She fell upon the floor, but was immediately put to bed, and the doctor was summoned. On his arrival he administered Chloroform freely during the spastic state, and Hyoscyamus in the intervals, but with no effect, as, on my arrival, he informed me that she had had at least forty spasms. I seated myself, made a vaginal examination, found the os uteri dilating nicely, without any peculiarity whatever observable, save the tonic condition of

the surrounding muscles arising from her excellent health. The pelvis was large and well formed; the os coccygis not curving in, as in many cases—thus narrowing the channel and prolonging labor—but all things seemed to be favorable to an easy delivery. The vagina was long, capacious, and well lubricated; well-developed labiæ, sensitive to touch, which caused her to press her limbs together and resist examination. The head was presenting. It was large, and the bones were firm and unyielding, yet not at all disproportioned. The liquor amnii had been discharged just previous to my call.

I speak thus freely and plainly of her physical condition to show that the cause of the spasms was not dependent upon the parts immediately concerned, but must have resulted from some remote agency; at least the appearance of an actuating cause did not then exist. My diagnosis was, that the drastic purgative was the primal cause, aided by her apoplectic diathesis. Her appearance, when not in spasm, was that of a quiet, pleasant sleep. Skin moist and warm—not hot, nor flabby—but perfectly natural. The first approach of spasm was marked by a rapid diminution of the force, volume, and frequency of beat, with a corresponding rush of blood to the facial vessels, which soon became as cords in fulness, making the whole face and scalp of a dark livid color; her eyes now rolled up and back, while the head and spine were curved backward. The pupils spread rapidly to their utmost dilatation. The abdomen was thrust forward and upward. Trembling, shuddering, groaning, and finally hard and genuine grunting set in, with all the rigors, contortions, relaxations, jerkings, shakings of a perfectly dreadful clonic spasm. Now one muscle or set of muscles was most violently convulsed, then another, and another, until the whole organism was one complete congeries of spastic agitation. Her hands finally became clenched, with thumb inclosed, and the whole turned in upon the wrist. The toes were turned down, and the foot stretched forward, almost in a direct line with the upper part of the limb. As a climax, all parts became rigid. Trismus, preceded by grinding of the teeth, and spasmodic, dry swallowing now marked the crisis. These symptoms remained for nearly five minutes, when gradually her pulse

became more and more perceptible, her body commenced relaxing, the head and neck moving forward, and the eye assuming its natural position; the throat, which during the violence of the spasm was distended even with the jaws and chest, now assumed its proper dimensions again. There seemed to be a perfect order of procession in all the symptoms from greatest to least, as well as from least to greatest. Previous to the tetanic condition, and just as relaxation commenced, a greenish, offensive slime was ejected from her mouth; and when relaxation was nearly complete, vomiting of a quantity of vitiated bile set in. Consciousness did not return, as might have been expected; but a state of deep coma followed, from which she could not be roused. Indeed, I learned that she was not at any time sensible for one moment, from the commencement of the spasms to the time of their disappearance, when she, to all external appearances, was thought rational; but which, she says, was not the case. She asserts, and no doubt with perfect truthfulness, that she has no recollection whatever of either things, persons, or events, for at least four weeks from the time of the first spasm.

The spasm over, it did not recur during the expulsive efforts but several minutes after, say from three to five, and lasted, in all its phases, nearly ten minutes, followed by perfect quiet of eight minutes, when a true labor pain came on, marked by much pressure, with moaning, and trembling, and puffing from the mouth, reminding you of the puffing of an inveterate smoker. The pressure and expulsive efforts were made directly upon the child, which advanced in a direct line of exit. There were no visible signs of the patient's consciousness, except that which was purely animal. Drawing up of the limbs and hands, shuddering, trembling, and puffing of the cheeks, together with the uterine and fœtal pressure, were all the manifestations of feeling.

This whole picture seemed to be but the image and likeness of Belladonna. I accordingly gave her one dose of the 2°, and awaited the result. Fully one hour passed before the next spasm; her pains gradually increased, both in frequency and power; and just before the next spasm I left for other duties, and on my return, some two hours after, found that the child had been born, and the doctor informed me that she had had a light spasm

just after my leaving, and another fifteen minutes after the birth of the child. I gave another dose, whereupon we both left at 4 o'clock P.M., with the understanding that we would meet again at 8 o'clock the next morning. This we did, and on inquiry found that the patient had had a spasm at midnight, which was a fair representative of the first spasm, though short. A few doses of Belladonna were left—one to be given after each attack. I gave her one before leaving, but she got no more, as her spasms never returned. I saw her again the next morning, with the attending physician, and found her nestling the babe; having spoken, for the first, about midnight. She had rather a wild look, but would answer questions correctly, though laconically. She seemed sad and taciturn; sighed often, long and deep; and said she ached, and was tired. I proposed Sulphur 2ᶜ, and left. I afterwards heard through the attending physician that she gained health and strength rapidly, the lochia and milk being normal. Thus terminated favorably one of the worst cases of puerperal convulsions.

CASE II.—On the 28th of November, just three weeks after the occurrence of the case above described, I was pressed into service again by the same physician, in a very similar case. The woman was aged eighteen years; bilious, lymphatic temperament; short and stout; weight, 163 pounds; short and thick neck. With her first child she had a great deal of nausea and even vomiting during the greater part of gestation; was very constipated, and there was much pressure upon the femoral nerves, causing numbness and lameness of both limbs, so that for the last month she could scarcely walk. Urine scanty and high-colored.

On the morning of her first day's trouble she took an active purgative, not having had a movement of the bowels for several days previously. About midnight her husband was aroused from a sound sleep by her extreme jerkings and a noise as if she were strangling. The doctor was summoned, who gave Chloroform at once; and inasmuch as the bowels had not been moved an enema was given and persevered in until its object was accomplished. The spasms persisted coming every ten or fifteen minutes, and lasting from two to twenty minutes, and a few times

even longer. At about 7 o'clock A.M. labor set in, increasing in violence from pain to pain, sometimes with the spasm and sometimes without, but my impression was and is that labor was the result of the spasm, as the immediate cause, and the purgative the remote, though actuating cause.

Labor progressed and so did the spasms, becoming harder and more frequent. The child was finally born *dead*, but the spasms continuing after the delivery I was sent for, and on entering the room found a spasm just passing off. I heard the description of the case as above related, and then seated myself by the patient. I found her pulse 120 per minute, thin, tense, and easily compressible; face pale, eyes sunken, pupils fully dilated; low muttering, occasionally severe hiccough and borborygmus were marked features. She was otherwise quiet, being constantly insensible and comatose. She had had more than thirty hard spasms all similar in character. Soon one came on, and run its course most vigorously. She threw her legs and arms about, occasionally stretching out both arms and legs simultaneously at right angles with the body; trembling and shuddering; pulse sank rapidly until imperceptible; eyes rolled inward and upward; head bent backward and to the left, while the hand and foot of left side turned also to the left, or outward; face deathly pale, and chin dropped; tongue quivering, slightly drawn back, with a dirty-yellow coat upon it, and very unctuous to the feel; she swallowed with great difficulty; much debility, as though the spasm would prove abortive, or rather atonic, but this apprehension soon vanished, as in a very few moments every muscle in her, apparently, was in a violent state of jerking, tension, and slight relaxation, then repeated over and over again, with a low but audible muttering; now clonic, then a general giving way as if all was over, but no sooner thought than back came the horrible picture as vividly as ever. This state of things lasted for eleven minutes, and all was again quiet. In this case it was difficult to decide upon the priority of symptoms, as to their coming on or passing off. The passing off of the spasm seemed to me more like a fall of a heavy body—crash, and all was over; with a heavy, deep, guttural moan, as it were, of instinctive satisfaction. The doctor had relied upon Chloroform during the

spasm and Belladonna *ad interim.* I could not see a Belladonna picture, but saw, as I thought, Opium. With the attending physician's consent it was given, and the patient had but three light attacks after its administration. The only trouble following was retention of urine, which was drawn off by the catheter twice daily. Sulphur was given, a dose per day for three days. She had a good getting up. Very little secretion of milk. All the remedies given after the consultation were of the two hundredth potency. She became fully sensible in about forty hours after the last spasm, but had sad and dejected spells, in which she would cry and fret, and bemoan her spiritual and social state; but Pulsatilla 2° relieved this, and then all went off well save a slightly bewildered state which came on occasionally, sometimes once a day, and at other times once a week; all of which have passed away and she is now as well as ever she was.

CASE III.—Another case, entirely dissimilar to either of the foregoing cases, occurred under the care of an elderly allopath of our city. The patient was 32 years of age, of a sanguineo-nervous temperament, of a sprightly though irascible disposition, easily excited, suspicious and quizzical. Husband a poor shiftless fellow, who worries her constantly by his failure to provide for the family the absolute necessities of life. She has had, therefore, to work hard, often far beyond her strength. Under these trying circumstances she came to childbed with her fourth child much enfeebled and greatly discouraged. And, to make matters still worse, the attending physician persisted in stretching and improperly working with the parts during three nights and nearly four days, constantly promising "that it would be over soon." A most fearful spasm making its appearance the doctor gave her Chloroform, followed by a large dose of Morphia, and left for home, promising to return in three hours; but during his absence her friends held a consultation, and resolved to discharge him and send for me. I found the patient pacing the floor, screaming, and clapping her hands together most furiously. She turned upon me at once, and gave me a regular "tongue-lashing," supposing me to be another allopath prepared to torture her. I prevailed upon her to return to bed. She resisted examination to

the utmost, and fought all hands; could scarcely be kept in bed at all; struck violently with her clenched fists, and spat in all directions, at the same time kicking and giving vent to flatus; hallooing, screaming, crying, laughing, praying, cursing, all in rapid succession, or often all mixed up together. Sometimes it was very difficult to tell just where the *cry* ceased or the *laugh* commenced. She would curse and pray almost with the same breath, keeping her tongue on the move without intermission. If spoken to ever so mildly, she would scream out most fiercely, "Go way! go way! hush! I say *hush!*" The face was flushed; eyes perfectly wild and staring, with pupils somewhat dilated. She was not only a terror to all those around her, but evidently a worse terror to herself. After some trouble I succeeded in getting down a dose of Hyoscyamus[30], which I thought moderated her fury somewhat, but soon a most singular spasm came on, in which she writhed, twisted, turned, shook herself, and floundered like an eel, making as many gyrations as an acrobat. Every possible position was assumed, but none maintained for a single moment. Every muscle seemed to be in play, particularly the flexors and extensors. There seemed to be a universal jactitation and quivering of the whole person, yet the pulse did not entirely cease. The spasm was purely clonic in its character throughout. While she was in the spasm I made an examination per vaginam, and found the whole pudendum badly swollen, and very tender to the lightest touch. The os uteri was tilted backward quite into the sacral region, and almost out of reach. Indeed my first effort to find it was fruitless, but I succeeded in a second effort and brought it forward, much to the patient's immediate discomfort, but greatly to her benefit in the end. The os was but slightly dilated, though easily dilatable by the fingers. The cause of this non-dilatation doubtless arose from the pressure being entirely upon the side walls of the organ, and not at all upon the os. Bringing it forward and retaining it gently in position through a few pains, the liquor amnii soon collected abundantly in the region of the cervix. In the meantime the patient lost her spasm, and showed the same restless, irritable, loquacious disposition as before the spasm, with the single exception that she did not object to my keeping her in hand. Labor progressed

rapidly, and several pains came and passed without exciting the least symptoms of spasm; yet the only time that her tongue was still was during a vigorous telling pain. A spasm then appeared, just forty minutes after the preceding one, and continued some fifteen minutes. During the spasm the child was born; a fine big boy, weighing ten and a half pounds. The placenta followed rapidly, with considerable hemorrhage. After this spasm she was much more quiet. I now gave her Stramonium 2ᵉ and left. In six hours I returned, and heard she had had three spasms, each less violent than the preceding one. She became more and more rational, though very fretful with all her friends. I repeated the Stramonium, and ordered a dose after each attack. Called again next morning, and found she had had some sleep and two light spasms since my last visit. Same directions continued. Next visit found the patient free from pains and aches; lochia and milk all right; mind quiet. She had a good laugh over her conduct. Said she knew all she had said, but could not keep from saying and doing just what she did. She said she felt as if "the devil was in her and would come out." I gave Sulphur 2ᵉ, a dose per day, for three days. This was one of the worst cases of puerperal convulsions I have ever met with, or ever wish to meet.

XXXI.

PUERPERAL MANIA.

By J. C. Burgher, M.D., Pittsburg, Penna.

Concerning this distressing mental affliction incident to childbearing women, you are all doubtless aware, but little is to be found in homœopathic literature. In fact our writers on Obstetrics and Diseases of Women either omit or but incidentally mention it. Although an affection somewhat rare, it is occasionally met with, and may occur at any time in the practice of any physician. Its comparative infrequency in the clinical experience of any *one* physician, renders it the more important to have the observations of a large number, from which to draw our conclusions as to its most appropriate treatment. As the subject has never been brought before the Institute for discussion, I respectfully submit a few thoughts bearing upon it, for your consideration; more with the hope of eliciting discussion, and thereby gaining information from others, than with the view of imparting anything valuable myself. I do not propose to furnish an exhaustive article on puerperal insanity; but without claiming or aiming to be entirely original, shall content myself by loosely throwing together such information regarding it as I have been able to collate from the most reliable authors at my command, together with such observations of my own as appear worthy of note.

Among the many diseases appertaining to pregnancy, lying-in, and lactation, I know of none presenting phenomena more varied and extraordinary than those of puerperal mania or insanity. It may occur during gestation, soon after labor, or not until

several weeks, or even months, after its completion. Two periods have been remarked as peculiarly obnoxious to its invasion,—the one before the system has completely recovered from the shock of parturition, the other during lactation. It cannot be affirmed with certainty of any woman that she is exempt from it during her childbearing period. It is not confined to any rank of life, or to constitutional peculiarities. Those of robust frame and obtuse sensibilities are numbered among its victims; it more frequently occurs, however, in feeble, nervous, excitable women, of hysterical constitution. In its general features it very closely resembles hysterical delirium, and quite possibly, I may say probably, it is essentially similar in its nature.

FREQUENCY.

We have no data by which to determine the percentage of this malady in private practice. Not infrequently cases may occur which run a mild course, and are of short duration; while the nature of the disease is known only to the attending physician and the intimate friends of the patient. The former, from prudential motives, is non-communicative; the latter dreading the reproach which publicity might, in some way, attach to them, are equally reticent. Hence our statistics must be derived mainly from the reports of lying-in establishments, and those cases from private practice which have assumed a chronic form and become inmates of some "Insane Retreat." The reports of lying-in hospitals furnish some valuable information on this point, and yet not entirely satisfactory. Among seven thousand four hundred and ninety-eight parturient women in the Wurzburg Hospital, but five cases of puerperal mania are reported. Weber states that, in Kelfflen, one hundred and thirty-one cases occurred among one thousand and ninety-four. This great discrepancy may possibly be due to the discharge of patients from the first-named hospital comparatively soon after delivery and before the development of the disease. The majority of hospital cases are reported to have occurred during the first week after delivery. Simpson says: "Its most general date of appearance is during the first two months after delivery, but especially during the

first two weeks of that period; and in some patients it only comes on during lactation, and occasionally, indeed, it does not appear till the very end of that process." Of sixteen hundred and forty-four parturient women, reported by Haslem, there were eighty-four cases of mania; and Esquirol reports ninety-two cases out of eleven hundred and nineteen.

Of eight hundred and eighty-one women admitted to the Dixmont Hospital for the Insane, at Pittsburg, Pa., the cause of insanity in one hundred and eight cases is ascribed to the puerperal state; constituting about twelve per centum of all the females who became inmates of this institution from 1856 to December 1st, 1871. Of two thousand one hundred and thirty-three women admitted to the Pennsylvania Hospital for the Insane, at Philadelphia, the supposed cause of insanity in one hundred and eighty-five cases, or about nine per centum, was conditions superinduced by the puerperal state. Thus the statistics furnished by the institutions for the insane of our own State, show that more than ten per centum of their female lunatics are such from puerperal causes. Nor is Pennsylvania an exception. The late Sir J. Y. Simpson says: "The statistics of insanity appear to show that about ten per cent. of all the females found in lunatic asylums have become the inmates of these institutions in consequence of puerperal mania."

ETIOLOGY.

The causes of puerperal insanity may be divided into *predisposing* and *proximate;* or those which render the person susceptible to the disease, and those which actually occasion it.

I. *Of the Predisposing Causes.*

The disease occurs under such a variety of circumstances, and in such various conditions of the system, both physical and psychical, that it is often difficult, and sometimes impossible, to arrive at any satisfactory conclusion as to its cause. The first attack sometimes occurs in women who have previously borne several children, passing through the periods of gestation, parturition, and suckling, without the slightest observable manifes-

tation of mental disorder; while primipara who have been the subjects of puerperal mania, have subsequently borne children with complete immunity from the disease. Statistics appear to establish the fact, that about one-half of all the cases of this malady occur in women who have an inherited

(a.) *Predisposition to Insanity.*—Burrows says: "Of eighty lying-in women who became delirious, above half had an hereditary disposition to insanity." Gooch tells us, that of the cases which he had seen "a large proportion occurred in patients in whose families disordered minds had already appeared." That the tendency to puerperal mania is frequently inherited, is confirmed by the observations of Montgomery, Ramsbotham, Simpson, and other writers. As hereditary predisposition to insanity accounts, at best, for only about fifty per cent. of the actual cases of the disease, the theory is to that extent inadequate to explain its origin; and hence predisposing causes have been sought in the various morbid conditions of the system usually present during the puerperal state.

(b.) *Albuminuria* is thrust upon us by Simpson as a probable predisposing cause. His language is: "I have found it present in eight out of ten cases of puerperal insanity, at the commencement of the disease." Tuke says, in several cases of puerperal insanity which came under his notice: "Particular attention was directed to the state of the urine, and in none was the presence of albumen detected, with one exception, and in that the lochial discharge was excessive." As different cerebral complications have been traced by pathologists to the presence of albumen in the urine, it is quite possible that its presence in a marked degree during the puerperal state may prove a harbinger of mania, as well as of convulsions. The subject is at least worthy of further investigation. Although albuminuria sometimes is found in connection with puerperal mania, its existence has been established in a very limited number of cases.

(c.) *Anæmia and Exhaustion.*—Marshall Hall attributes the occurrence of mania in puerperal women to exhaustion, combined with intestinal irritation. The marked degree of anæmia sometimes present in patients laboring under the disease, may have led to its recognition as a cause. Is mere anæmia, *per se*, suffi-

cient to produce it? Anæmia and exhaustion are often met with in practice, both from hemorrhage occurring during labor, or ante- or post-partum loss of blood, where no trace of mania exists. Exhaustion, whether occasioned by the loss of blood or the drain of lactation, affords no satisfactory explanation of the cause of the disease; and if mania can be properly ascribed to it at all, it is only in exceptional cases.

(d.) *The Excitable State of the Sexual System.*—This has been referred to by Gooch. The intimate sympathy that exists between all parts of the body and the sexual system in its periodical actions, and the high degree of nervous susceptibility in lying-in women induced by the organic changes that take place after delivery, seems to form the basis of this theory. Similar nervous susceptibility and similar organic changes are common to the puerperal state; but a comparatively small number of women are the subjects of puerperal mania. We can easily comprehend why the peculiar nervous excitability of the parturient woman renders her more susceptible to external impressions at such times than at others, and what under other circumstances would have but little effect on the mind, might be sufficient to produce some morbid action of the mind, culminating in insanity. But, after all, it leaves the real origin of the disease unexplained—the morbific agent undetermined. Should we adopt the hypothesis, that in those attacked with mania there is present some specific morbid alteration which acts on the enfeebled and excitable nervous system so as to call forth the disease, we have no clearer knowledge of the real origin of the peculiar phenomena under consideration.

(e.) *Frequent Births.*—Cases of mania are occasionally met with in women who have borne children so rapidly as to induce a weakened state of the system, and thus predispose to the disease; as, for instance, where a woman becomes a mother four times within a period of five years. Although frequent births may have a tendency to produce insanity in women of delicate constitutions and nervous temperaments, as a predisposing cause it can only apply to multiparæ. In forty-six cases reported by Weber, nine, or about one in every five, were primiparæ. Out of fifty-four cases collected by Marcé, fourteen, or about one in

every four, were ascertained to have been attacked with mania in connection with their first pregnancy and first delivery.

(f.) *Puerperal Convulsions.*—Ingleby say: "I am acquainted with several cases of puerperal convulsions, which were succeeded by puerperal mania." Instances of the same kind are mentioned by Churchill, Merriman, Gooch, Reid, Esquirol, and others. Tyler Smith says: "The relation between puerperal convulsion and puerperal mania is in every point of view most intimate, and the one very frequently runs into the other. Generally, the order in which they occur is as I have placed them, and it sometimes happens that the maniacal paroxysm is the first to be developed, and the convulsion follows. This supervention of convulsion upon mania is more frequent after parturition than it is before or during labor, but this complication occasionally occurs during pregnancy." These observations may be of but little practical value, yet they are worthy of record, as every fact relating to the disease is of more or less interest.

Aside from the predisposing causes enumerated, tuberculosis coexisting with pregnancy is claimed by some writers to belong to this class. Hysteria as a predisposing cause has its advocates. Burrows gives two instances in which hysterical symptoms appeared during pregnancy, followed by mania soon after delivery. Todd says: "It is apt to occur in women of hysterical constitution."

II. *Of the Proximate Causes.*

The direct or exciting causes may be divided into physical and moral.

(a.) *Dystocia, &c.*—Among the physical causes may be classed difficult labor, injuries from violent delivery, or from forcible removal of adherent placenta, eclampsia, great loss of blood, a disordered state of the digestive system, the nervous shock attending parturition, &c.

(b.) *The Moral Causes* may be briefly stated to consist in anything real or imaginary that has a depressing effect on the mind; such as that occasioned by sudden fright, fear of personal danger, excessive grief, undue anxiety about the recovery of some one sick, or the safety of some absent friend, the abrupt announce-

ment of a sudden death or an alarming accident, the unexpected bankruptcy of husband or a near relative, &c. Most of the so-called exciting causes may exist without producing insanity, and are, after all, but the mere etiological momenta, having far less to do with the actual onset of the disease or its treatment than have the constitutional peculiarities and conditions of the patient. There is, perhaps, nothing more difficult for a sane person to comprehend than why people "go mad." The problem is rendered still more perplexing by the fact that many cases of insanity are attributed to causes the most trivial, not to say absurd. In many cases of puerperal mania no direct cause has been ascertained to which the attack could be attributed.

DIAGNOSIS.

Puerperal mania, in its highest degree of development, is a complete disturbance of the intellectual actions, and often a perversion of moral sentiment really surprising. The mind is generally far more active than in health. In its main features it assimilates other forms of insanity. Gooch says, in substance, "that no physician can, by simply looking at and examining a patient, diagnose that hers is a case of puerperal mania, unless her history is at the same time furnished him."

Puerperal mania may be mistaken for, 1. The low muttering delirium of continued fever; 2. The wild excitement attending phrenitis; 3. The delusions and raving of mania a potu.

1. *Delirium of Fever.*—In the delirium resulting from febrile action, the gradual succession of symptoms—such as thirst, increased temperature of the body, the dry, raspy tongue, generally present in fever when wandering of the mind occurs, and other features of the disease unnecessary to enumerate here, but which are absent in mania—will be sufficient to guide us in forming a differential diagnosis.

2. *Delirium of Phrenitis* is distinguished from mania by the fever which always precedes it, and by the pain in the head, vertigo, flushed cheeks, &c., accompanying it. In mania incoherence of speech and gesture are often the first symptoms observed. The period of the attack will also assist us in our diagnosis. In-

flammation of the brain or its membranes generally manifests itself sooner after parturition than mania. In phrenitis the patient is extremely sensitive to light and noise; in the maniacal they make no unusual impression. In phrenitis the eyes are more or less congested and the pupils contracted; in mania there is a sly, suspicious expression, readily recognized but not easily described.

3. *Delirium of Mania a potu.*—But little difficulty is usually experienced in discriminating between cases of delirium tremens and puerperal mania. Gooch tells us he has seen this affection strikingly assimilate itself to delirium tremens. Cases may occur, however, in which it is not so readily determined whether the hallucinations are the result of intemperance or some other cause. The anxious, distressed, and bloated countenance; the alarm; the good-natured loquacity, and unrest; the moist skin, compressible pulse, and creamy coating of the patient's tongue, in delirium tremens, are characteristics quite different from the furious excitement, or stubborn silence alternating with incoherent expressions wildly uttered by the maniac, or the blanched face, wild and staring eyes, &c. Da Costa says: "A few days, however, ordinarily removes all uncertainty; the person who is thought to be nearly delirious is seen to become frantic after an intermission of quiet, or, entirely unlike what happens in mania a potu, to be still out of mind after having had a good sound sleep. In one instance, in which much doubt existed as to the diagnosis, the patient, an unfortunate woman, solved the doubt by jumping out of bed after having been quietly sleeping for hours, and in a state of excitement knocked down the nurse who tried to prevent her from leaving the room."

SYMPTOMATOLOGY.

The symptoms of puerperal mania are, in the main, very similar in their general outlines to those met with in other forms of insanity. The attack is usually preceded by insomnia, irritability, and unrest. The general demeanor of the patient is unusual. She is anxious, troubled, agitated. Her movements are hurried, eyes restless, and the expression of the face is that of

anxiety and distrust; she is impatient and fault-finding in a marked degree; anger is easily excited, and vacillation of purpose is evident in the contradictory orders frequently given. The patient is pale, features pinched, pulse small, irritable, and usually accelerated; the temperature of the body rather below the normal standard, skin often clammy; with great debility, yet she is blatantly noisy; stares wildly at imaginary objects; instead of answering a question she repeats it, or she talks incoherently, uttering her words with great rapidity. She picks at the bedclothes; grasps at anything or any one about her; curses and swears; objects to being confined to bed; complains of being watched, and tries to escape. Occasionally obscene language and lascivious actions are indulged in to an extent that excites our amazement. Masturbation is sometimes noticed, but probably more from a wish to allay irritation than a desire to excite it. The obscenity of word and manner often continues until convalescence is well advanced. She imagines that some calamity has befallen her husband, or that her babe is dead or has been stolen; and if brought to her she says it is not hers, refuses to nurse it, and even attempts to kill it if left within her reach. Sometimes she is impressed with the idea that her husband is unfaithful, and has conspired with others to poison her. Confidence and affection give place to suspicion and hatred. Sometimes she will manifest great anxiety with regard to herself—fears that she will die; thinks that she has been poisoned; that she is flooding to death; that her blood has turned to water, &c. Suicide is often attempted by violently throwing herself on the floor, attempting to jump from a window, strangle herself with her handkerchief or cap-strings, &c., the evident result of an abstract impulse, without method or premeditation. She refuses to eat; the tongue is coated; the bowels usually constipated; the secretion of urine diminished and the lochia sometimes suppressed. The above description applies only to acute mania of a severe type, but in milder cases the symptoms present the same general characteristics, differing only in degree.

Melancholia.

This type of the disease is characterized by great depression of

mind, the face is pale, and the expression dejected. The pulse varies but little from the normal standard, while the temperature of the body is usually rather below that of health; all the secretions are diminished; the tongue presents an unhealthy appearance; the digestion is impaired and the bowels constipated. She will sometimes sit for hours motionless and silent, indifferent to everything that is going on around her. She never asks for anything, makes any inquiry, or expresses any desire. She will speak when spoken to, and will generally comply with the requests of her attendant, partake of food when offered to her, but as a rule only sparingly. The ordinary calls of nature are disregarded, unless she is reminded of them. She is wakeful, despondent, and apprehensive. Her mind dwells upon some particular subject, usually of a religious character. She accuses herself of being vile and sinful, and expresses great fear and anxiety in regard to her future state. In a case recently occurring in my own practice the patient argued that her own damnation was necessary to secure the salvation of the other members of her family; and yet she manifested an indifference towards her husband and a dislike towards her children, whom she would order from her presence, and even refused to nurse her babe. It has been remarked that, in melancholia, any violence contemplated by the patient is directed against herself, while in acute mania the propensity of the patient is to do injury to others.

Comparative Frequency of Mania and Melancholia.

The nomenclature of mental diseases furnishes such a broad margin for the play of fancy, that one physician will call a case one of acute dementia, and another will pronounce it mania, or one will designate a case melancholia which another will call dementia. This is probably due to the fact that the mental phenomena differ more or less in every case. Of the two forms mania is the more frequent.

Burrows reports fifty-seven cases, thirty-three of which were maniacal, sixteen melancholic, and eight alternating. Out of seventy-three cases noted by Tuke there were fifty-seven cases of acute mania, fifteen of melancholia, and one of epileptic insanity. The case of epileptic insanity should be regarded as an excep-

tional one, and might as well have been excluded. These statistics, it is presumed, were compiled from cases of puerperal mania proper, or cases occurring after delivery.

NATURAL CLASSIFICATION.

According to the periods of invasion we have:

I. Insanity of Pregnancy.
II. Puerperal Insanity.
III. Insanity of Lactation.

The series of mental phenomena generally arranged under the head of puerperal mania or insanity, should be considered as three separate and distinct forms of disease, each being evidenced by characteristic, well-marked and persistent symptoms, which may fairly be regarded as distinctive.

Insanity of Pregnancy.

Mania is not the mental condition we would expect during gestation, and the few cases which have been recorded have occurred in the subjects of former attacks, or those having a strong hereditary predisposition to the disease. The great majority of fecund women evince symptoms of a reflex affection of the mind. This condition is recognized in the morbid appetite, the likes and dislikes, the change of temper, disposition, &c. These are but the minor manifestations of what may result in insanity; but its form is moral perversion or melancholy, not mania. The mental phenomena in the minor disturbances differing mainly in degree from those in the major—both are states of dissatisfaction and depression; in both, the local or eccentric irritation of the womb influences cerebral action in the same way. Out of twenty-eight cases of insanity of pregnancy, as observed in the Royal Edinburgh Asylum, twenty are reported as cases of melancholia, six as moral perversion and dipsomania, and two as characterized by mania. The insanity of pregnancy often abates towards the end of gestation, and sometimes entirely disappears at the completion of labor, but is liable to return again, sooner or later after. The tendency to a recurrence after labor of the melancholy originating during preg-

nancy, suggests the strong probability that those attacked with this form of insanity after, had been the subjects of mental depression previous to lying-in; and that the melancholia which frequently occurs after labor is not *puerperal mania proper*, but a recurrence of the insanity of pregnancy.

Puerperal Insanity.

This form of insanity is a disorder *per se*, occurring at indefinite periods after parturition, and characterized by a train of mental symptoms, more or less constant, of a maniacal character. Esquirol gives, in tabular form, the date of attack in ninety-two cases, as follows:

From the 1st to the 4th day after delivery,						16	were	attacked.
"	5th	"	15th	"	"	21	"	"
"	16th	"	60th	"	"	17	"	"
"	11th	"	12th month		"	19	"	"
And after forced or voluntary weaning,						19	"	"

Insanity of Lactation.

In this form of insanity the mental condition is either that of mania or melancholy, or an alternation of the two conditions. Melancholy is the more frequent. The mania is violent, but evanescent, and is not associated with the obscenity of puerperal mania proper. The melancholy is accompanied by delusions as to personal identity, suspicion, hatred of husband, children and friends, and inclination to suicide. In the subclassification above given, the groups of mental manifestations are believed to be distinctive, as well as the so-called natural history and bodily condition.

PROGNOSIS.

As has been already intimated, there are three possible ways in which puerperal mania may terminate.

1st. In the restoration of reason.

2d. In permanent insanity.

3d. In death.

The ultimate restoration to a state of sanity may reasonably be expected in a large majority of cases. A favorable prognosis, however, depends upon the absence of complications. In mak-

ing up our prognosis we should bear in mind the reciprocal influence of the body upon the mind, and *vice versa*. The mental phenomena may sometimes be but the simple exponents of organic or functional disease of some distant part of the body. It is a well-ascertained fact, that the psychical functions of the brain may be deranged by the sympathetic influence of some distant diseased organ. A rapid and inflammatory state of the pulse is unfavorable, as it indicates inflammation of some internal organ, the usual symptoms of which are masked by the mental condition. The latency of the symptoms of acute and chronic affections amongst the insane is well known to alienists, and is one of the great difficulties with which they have to contend. The mental symptoms may even be so prominent as to completely mask the corporeal disease to which they are due, while the bodily health of the patient may appear but little impaired. Dr. Tuke says: "Phthisis may exist for years undetected, were it not for the stethoscope, without cough, sweats, emaciation, or hectic, till the disease is very far advanced. Tuberculosis of other organs may run its course without any indication of its presence. Caries and necrosis kill without pain, most extensive abscesses collect without causing inconvenience. I have known dements die of typhoid fever without any symptom but diarrhœa. This peculiarity extends to inflammation of all the internal organs." In the insane, reflex action is impaired. The chronic maniac may die of phthisis, bronchitis, or even pleurisy, without cough or pain, however extensive the disturbance may be. These facts apply equally to the subjects of puerperal insanity. Peritonitis, bronchitis, pelvic cellulitis, and inflammation of vital organs, may exist without a discoverable symptom, if we except an inflammatory pulse, and even this is sometimes absent.

When the attack is ushered in soon after delivery, with a rapid pulse and furious mania, the life of the patient is in great danger. It may be laid down as a general principle, that the longer the interval between delivery and the onset of the disease, the more favorable the prognosis, but the less favorable to complete restoration of reason. According to Gooch, "mania is more dangerous to life—melancholia to reason." In regard to the mortality our statistics are very limited. Burrows says, "that of fifty-

seven cases treated by him, one committed suicide, ten died, thirty-five recovered, and eleven remained uncured. Esquirol states, that of ninety-two patients admitted into La Salpêtrière, in Paris, during four years, fifty-five recovered. It is fair to presume that these tables embrace only severe cases, as those cases which run a short and mild course are not likely to be taken to institutions like the one above named. The duration of the disease is uncertain. In some cases it may last but a few days, in others, equally hopeful at the commencement, it may continue for several months.

THERAPEUTICS.

Having already exceeded the proposed limits of this article in a general survey of the subject, but little room is left for the most important part,—the details of treatment. It is quite evident that no general plan of treatment is applicable to every case, inasmuch as each one presents a distinct individuality of its own. Hence I must enter a strong protest against any and all routine treatment indiscriminately employed. The state of the general health should be rigidly scrutinized, and any deviation from the normal standard remedied as far as possible by proper medication and hygienic measures. Diet, baths, ventilation, and out-door exercise (if the physical condition of the patient will justify it), should be insisted on. The patient should be surrounded with every possible comfort and convenience, and provided with a female attendant (two, if the case is likely to be protracted, so that one or the other may be constantly on duty), accustomed to the charge of the insane, and who has tact and firmness in controlling the patient. The patient should never be left a moment alone, or with one physically unable to control her in any effort to escape or attempt at self-injury. Everything that can be used as instruments of self-violence, such as knives, scissors, razors, &c., should never be left within her reach; cords, handkerchiefs, or articles of dress by which strangulation might be effected, should not be allowed her on any pretence whatever. If the patient is very violent and unmanageable, it will be better to confine her in a strait-jacket than to restrain her by physical force, which will always excite more or less resistance on her part.

Turning our attention to the medical treatment, we may find in our Materia Medica ample material from which to select the appropriate remedy, at least in not a small majority of cases. Aberrations of mind are symptoms common to many drugs, but each one exhibits them in a manner peculiar to itself. Want of time must plead my excuse for the limited number of medicines cited, as well as the few and detached symptomatic indications given for their selection. When fear of approaching death is a prominent symptom, especially when accompanied by an inflammatory state of the pulse: *Acon.* She imagines herself a criminal: *Bell., Cupr., Merc.* Fixed ideas: *Ignat., Silic.* Despairs of salvation: *Ignat., Lach., Puls., Sulph.* Apprehends want and means of support: *Bry., Calc. c., Nux v.* She has visions of ghosts and demons: *Ars., Bell., Cupr., Opium, Plat.* When haunted by visions of rats and mice: *Ars., Calc. c.* When by vermin and worms: *Cimicif., Nux v.* When she imagines herself surrounded by dead bodies, or sees pins everywhere: *Silic.* Fear of being poisoned: *Hyos., Rhus tox.* Objects appear large to her, everything is magnified: *Hyos., Cann. ind.* Objects appear smaller: *Plat.* She swears and scolds: *Anac., Lyc.* She tries to escape: *Bell., Stram.* When shameless, immodest, strips off her clothes: *Hyos., Phos., Stram., Verat. a.* If lascivious: *Bell., Stram., Verat. a.* When she desires to be alone: *Calc. c., Cupr., Ignat.* When she dreads being left alone: *Cimicif., Lyc., Phos., Stram.* She desires company, but does not want to be talked to: *Gels.* If imperious, commanding that this and that be done: *Cupr., Lyc.* If sly, tricky, malicious: *Lach., Nux v.* If she sings, warbles, and whistles: *Bell., Croc., Stram.* When given to censure and rebuke: *Ars., Caps., Helonias d., Verat. a.* If she weeps: *Bell., Ignat., Kali brom., Natr. m., Puls., Plat., Sepia, Sulph.* If she is devotional, and prays a great deal: *Aur., Puls., Verat. a.*, or *Bell., Hyos., Stram.* For melancholy of a religious nature: *Ars., Aur., Cupr., Kali brom., Lach., Lyc., Puls., Silic., Staph., Sulph., Verat. a.* For suicidal melancholy: *Ars., Aur., Hell., Hepar s., Nux v., Puls., Secale, Verat. a.* For silent melancholy: *Arn., Cactus, Cocc., Con., Hell., Ignat., Lyc., Nux v., Phos. ac., Petrol., Puls., Silic., Stann.*

XXXII.

A CASE OF INVERSION OF THE UTERUS.

By A. R. Thomas, M.D., Philadelphia.

Mrs. F., aged 22, was confined with her first child in July, 1870. The labor was extremely slow and difficult, requiring ultimately the use of the forceps, the patient, at her urgent solicitation, having been put under the use of ether. The after-birth gave no trouble, and the "getting up" was remarkably good.

On the 15th of November, 1871, she was again taken in labor with her second child. The first stage passed off without any unusual delay, the os dilating readily, and the head engaging in the superior strait in about three hours, when the presentation was diagnosed as a right occipito-posterior. At this stage the pains gradually became weaker, everything failed to increase their force, and the head ceased to make further progress. After some eight hours the forceps were applied, and the woman delivered of a fine large living boy, she having insisted upon the use of ether as in the first instance.

After waiting the usual length of time I proceeded to deliver the placenta, the patient being in the meantime in a quiet sleep, from the effects of the anæsthetic. Winding the cord around the forefinger of the left hand, by carrying the fingers of the right along the same, I discovered that the placenta was still in the uterus. Directing the nurse to produce friction and pressure over the womb I made moderate traction upon the cord, alternating the same with intervals of rest. The nurse, continuing the friction as directed, soon remarked, "Now I feel it going,

Doctor," when I found that apparently such was the case. Increasing the traction, and yet not beyond a degree usually employed in delivering the placenta, I found it coming down into the vagina, and finally escaping from the vulva, the patient in the meantime apparently bearing down with considerable force.

I now discovered following the placenta and protruding four or five inches from the vulva, *a large, hard, conical body*, which at first glance appeared like another child in the membranes, but which was immediately recognized as an *inverted uterus!* Peeling off the adhering placenta I immediately grasped the fundus of the organ in the hollow of the left hand, and carrying the same upwards, pressing with the thumb and fingers, and at the same time pushing with the palm, in less than half a minute I had the satisfaction of feeling the uterus return to its normal position and contracting down upon my hand, which was now in its interior. The withdrawal of the hand, accompanied as it was by contraction of the muscular walls, was followed by little or no hemorrhage. The patient made an unusually good recovery, in two weeks being about the room.

From the experience acquired by this case I have since, where anæsthetics have been used, been in less haste to remove the placenta, believing that the uterus in such cases is not so ready to contract as in others; and where there has appeared any occasion for manipulating the abdomen I have given particular direction to avoid pressing down upon the uterus, and thus favoring the indentation of the fundus, the first step towards inversion.

Those opposed to the use of anæsthetics in labor may look upon this case as affording additional proof that such agents should never be employed; but to my mind it simply serves to indicate that the physician should so thoroughly inform himself as to the action and influence of the agent as to enable him to guard his patient against any possible chance of danger, and thus secure her the full benefit of this great boon to suffering humanity.

SECTION V.

REPORT

OF THE

BUREAU OF SURGERY,

B. W. JAMES, M.D.,	Philadelphia, Pa.
G. D. BEEBE, M.D.,	Chicago, Ill.
E. C. FRANKLIN, M.D.,	St. Louis, Mo.
S. R. BECKWITH, M.D.,	Cincinnati, O.
N. SCHNEIDER, M.D.,	Cleveland, O.
I. T. TALBOT, M.D.,	Boston, Mass.
WM. TOD HELMUTH, M.D.,	New York.
MALCOLM MACFARLAN, M.D.,	Philadelphia, Pa.
J. H. McCLELLAND, M.D.,	Pittsburg, Pa.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME I. NUMBER 6.

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LI.	Clinical Surgery,	Malcolm Macfarlan, M.D.
LII.	Cancer,	G. M. Pease, M.D.
LIII.	Surgical Improvements,	B. W. James, M.D.

XLVIII.

LITHOTOMY.

By John J. Detwiler, M.D., Easton, Pa.

As a member of the Bureau of Surgery I present before the Institute a few rare and unusually large specimens of urinary calculi, all of which have been quite recently removed by myself, and with success, from living male subjects. These specimens are presented in order to prove the advantages of the improved instrument used in their removal. The instrument was used in performing lithotomy upon nine male cases, all making good recoveries.

This instrument is a long-handled, probe-pointed knife, having a tapering blade with a cutting edge less than a quarter of an inch in width, and a probe point. With this knife I divide the membranous portion of the urethra, pass the knife through the prostate gland, and enter into the bladder, making ample room to pass these large stones without running any risk of mishaps, which so often occur when using a straight English bistoury or gorget.

The first stone I exhibit to you measures seven and a half inches in circumference, weighed eight ounces when extracted, and is composed of carbonate and phosphate of lime. It was removed from a gentleman aged sixty-nine, who made a good recovery.

The stone which I next show you was taken from a young man aged nineteen, and is composed of oxalate of lime. It is a remarkable stone, having originally twenty-nine angular pro-

longations, each of which was crowned with numerous elongations. It was extracted with great difficulty, and both the right and left lobe of the prostate gland were divided with this knife. I am not aware that a specimen like it exists in any cabinet in the United States. I could not pretend to describe with what great difficulty it was extracted. I was obliged with great force to break some of these columnar prolongations and elongations in order to remove it with safety to the patient. There was great danger of ulceration and infiltration of urine. This boy completely recovered. He had suffered from his infancy from symptoms of urinary calculus. I think he has a lithic diathesis, and I would not be surprised if in a few years he has a return of the symptoms. In grasping the stone I was obliged to use Smith's forceps. They came immediately under the symphysis pubis so as to shield as much as possible the urethra.

I will add a few remarks on the operation upon the female. Statistics respecting stone in the female, the operation and its consequences, and the mortality after operation, are incomplete. When lithotrity cannot be performed on account of the size and hardness of the stone, either rapid dilatation of the urethra or vaginal lithotomy ought to be resorted to only. By the old practice of slowly dilating the female urethra with sponge-tents, &c., incontinence of urine is too frequently induced, whilst after rapid dilatation with a two-bladed dilator, under chloroform, subsequent incontinence does not follow. In adult women with unusually large and hard calculi vaginal lithotomy has the preference, gives the best results, is easy and expeditious, and is the most justifiable, provided a free and sufficiently large incision is made at once upon the stone through the anterior wall of the vagina from behind forward. It must be sufficiently large, so that the edges of the wound are not bruised in extracting the stone, and the opening should be immediately closed with silver wire sutures, introduced through the entire thickness of both bladder and vagina. This has been done under chloroform, but I think the use of chloroform ought to be discarded for chemically pure ether, which gives the best results.

XLIX.

STRANGULATED HERNIA—A CASE FROM PRACTICE.

By N. Schneider, M.D., Cleveland, O.

There is no subject in surgery which demands more careful study than hernia, from the fact that we are so often called upon to treat it in its various forms and stages. Upon this subject men of research have written, and we find among them a variety of opinions as to the best method of avoiding its evils. The treatment of strangulated hernia is of vast importance to the surgeon, and always calls for his prompt attention and best skill.

I think there is more ignorance exhibited in the attempts to treat this condition than in the treatment of almost any other surgical disease. To know when and how to operate are accomplishments only attained by a close study of the disease, and a thorough acquaintance with the anatomy of the parts involved. I will not discuss the various methods of operating, or whether the sac should be opened or not; both have able advocates. I will only say that there are symptoms almost always present, and conditions presenting themselves whereby we may determine the important step. Before presenting this case, I wish to make a few remarks concerning the auxiliary means employed in attempting to reduce by taxis a hernia that is strangulated.

There are always two obstacles to overcome in the reduction of a hernia.

1st. The resistance of the parts about the aperture where the hernia protrudes.

2d. The bulk of the tumor.

To overcome the former, we place our patient in that position or attitude which favors relaxation of the parts. We also bring the valuable assistance of some anæsthetic to our aid. We are also taught to bring to our aid the application of heat, for the purpose of relaxing the parts. It is to this point that I wish to call attention.

Heat applied to the tumor is a source of evil, because it always increases the size by favoring exudation, which takes place more or less as the result of congestion. It also favors and increases the generation of gas within the tumor. This renders it incompressible and increases the tension of the stricture. Cold is always a source of good. It reduces the size of the tumor. It contracts the congested parts, and thus prevents exudation. It opposes the formation of and condenses the gases, and thereby lessens the bulk of the hernia. Thus, where the strangulation is due to the increase and incarceration of gas, the application of cold frequently renders the hernia reducible. These are facts which are richly demonstrated by practice and experience.

The case which I present to you is one of oblique inguinal hernia, in a man twenty-seven years of age, of a nervous temperament, a light complexion, and with lax muscular fibre. The history of the case revealed the fact that the hernia had existed for twelve years, at times giving much trouble. On one or two occasions, some eight years previous, the hernia had become strangulated. This had been relieved by the application of cold. Since that time he has worn a truss more or less. Twelve days previous to this attack he had been suffering from continued fever, from which he was then convalescent. On the morning of January 11th, 1872, about 11 A.M., while getting out of bed he was seized with a violent pain in the region of the hernia, the violence and continuance of which induced him to send for aid. A physician was summoned who saw him about noon and found a tumor about the size of a walnut, which he attempted to reduce, but failed. He ordered cloths saturated in hot water to be applied to the part, and gave Nux vom. 3d every hour. I was called to see the patient at 2 P.M.; found him with much pain and tenderness over the region of the tumor, excessive

nausea and vomiting, and a bounding rapid pulse. The tumor was much increased in size, being now as large as an orange. I removed the hot cloths, and applied cold, continuing the Nux vom. every half hour. I saw the patient at 4 P.M., when all the symptoms were found aggravated. The constant nausea with stercoraceous vomiting continued. The pulse was rapid and more feeble; the size of the tumor, from the action of the cold, was lessened; yet the symptoms of strangulation were steadily advancing. I now carefully applied taxis, but failed to reduce it. At 6 P.M. I gave Chloroform, and attempted to reduce, but met with the same result. The symptoms were now becoming more intense and alarming. I decided to cut down upon the stricture. I first called my partner, Dr. Biggar, in council, and he fully coincided with my views of the case, giving me his valuable assistance during the operation. At 7 P.M. the patient was fully under the effects of an anæsthetic, and at 8 P.M., nine hours after the first symptom of strangulation appeared, the operation was complete. The manner of operating was the usual method of opening the sac. This gave exit to gas and a quantity of dark fluid. The bowel was very much congested, being of a dark purple hue. That portion where the constriction existed had almost passed into a state of gangrene. The strangulation was so complete that it was with difficulty that a director could be passed between it. After the division of the fibres which constricted the bowel, the gut was drawn freely out; yet the strangulation was kept up by the plastic exudation thrown out around the seat of stricture. This was broken up before returning the bowel to the abdominal cavity. It was a question whether we should remove that portion approaching gangrene, establish an artificial anus, or return the whole bowel into the cavity. We decided to return the bowel, close the wound, and await the consequences. The wound was dressed with carbolized oil, the patient put to bed and given Arsenicum alb.[12] every hour.

The following morning I found the patient suffering with all the symptoms of strangulation except the severe pain. Countenance anxious; pulse feeble and quick; stercoraceous vomiting. Continued the Arsenicum[12] in alternation with Secale[12], every

hour. These symptoms continued for forty-eight hours, after which they began to abate. After the lapse of five days flatus was emitted from the bowels, and at the end of the eleventh day he had a fecal movement of the bowels, which demonstrated the fact that the strangulation was removed. Peritonitis followed, which yielded to treatment and he passed on to convalescence. By imprudence, he was attacked the third week with enteritis; but after a hardfought battle of six weeks from the time of the operation he again convalesced, and is now a well man. The points in this case which I think worthy of mention are:

1st. The effect of temperature upon the size of the tumor.

2d. The continuance of the strangulation by plastic exudation around the point of stricture.

3d. The continuance of the symptoms of strangulation, which were kept up by the paralyzed condition of that part of the bowel strangulated, which destroyed the peristaltic action and cut off the circulation through the canal.

4th. The power of nature to restore a congested bowel when returned into the abdominal cavity, though almost devitalized.

L.

OVARIOTOMY.

By N. Schneider, M.D., Cleveland, O.

Mrs. T., aged 52, consulted me, January, 1871, concerning a disease which she supposed was ascites, accompanied by prolapsus uteri. The history of the case revealed the fact that she had been affected by abdominal dropsy twelve years before, and had passed through the hands of several eminent surgeons. The final cure, however, was effected, after tapping, through remedies administered by Dr. S. R. Beckwith, of Cincinnati.

Four years ago, about the time of her climacteric period, she began to increase in size again, and was now as large as a woman at full term of pregnancy. My examination was made with great care, analyzing closely the comparative symptoms of abdominal dropsy and ovarian cyst, which symptoms I need not here collate. I diagnosed it a bilocular tumor of left ovary, as two distinct cysts could be defined. Accompanying this was complete procidentia of the uterus. This organ falling completely without the orifice of the vagina, inverting that canal, I gave my diagnosis, and advised tapping, replacing of the uterus, and an administration of suitable remedies; to all of which she consented.

Accordingly, in June, I drew off by trocar and canula, eight quarts of serum. After the operation it was evident that only one cyst had been emptied. I thought it unadvisable to tap the other, it having a depressing effect upon the patient. I now carried the uterus back to its place and sustained it by a ball pessary. There were no marked subjective symptoms that called for any particular remedy. I gave her Apocynum cannabinum

tincture, in drop doses, as the same remedy had formerly relieved her. I continued to administer this remedy for ten days with no apparent benefit. Apis mel. and Arsenicum were given in turn, but they failed. As the cyst again began to fill quite rapidly, I now advised the removal of the tumor, to which the patient consented. Accordingly, on August 13th, 1871, all arrangements being completed, the patient properly prepared, in the presence of Drs. Biggar, Baxter, and others, I opened the abdominal cavity through the linea alba. This revealed two cysts, one from each ovary, involving them to such an extent that both were extirpated. The pedicle of each had its attachment to the broad ligaments; the tumor arising from the left ovary overlapped the right, and had been tapped, but now held over three quarts of serum, while in the right cyst there were about twelve quarts. The adhesions were numerous but feeble, and were broken up with little force. The hemorrhage resulting from this being slight, was controlled by pressure. The pedicles were brought out of the wound and secured by Spencer Wells's clamp; having firm attachments to the broad ligaments lifted the uterus back to its normal position and secured it there. The operation lasted thirty minutes. The wound was carefully closed with silver wire sutures and adhesive plasters, being careful to secure the edges of the divided peritoneum in the suture. The wound was then dressed with surgeon's lint and carbolized linseed oil. The patient was put to bed and warmly wrapped up, Aconite 3d being administered every two hours. The case progressed with not an unfavorable symptom arising, the pulse not rising above one hundred. The wound healed by first intention. The clamp came away on the twelfth day, and in twenty-one days after the operation the patient rode out. She is now an apparently perfectly healthy woman. This case presents three important points for consideration.

First. The previous history of abdominal dropsy cured by Apocynum can.

Second. Four years after, the development of ovarian cysts, one from each ovary, accompanied by procidentia.

Third. The favorable extirpation of both ovaries, with complete cure of the procidentia.

LI.

CASES IN CLINICAL SURGERY.

By Malcolm Macfarlan, M.D., Philadelphia.

STRABISMUS, WITH HYPERMETROPIA.

Mary A., aged 14, came to me in July, 1871, with hypermetropia of $+\frac{1}{10}$, and convergent strabismus of the right eye. By careful measurement, when sharp vision was required for objects a short distance off, the inversion measured two lines. This was, of course, increased when accommodation was used up and the object brought to the nearest point of distinct vision; in the latter case the left or best eye was observed to be slightly turned in also. This fact has been frequently observed by oculists, and is accounted for by Donders, who has proven that an increase in the accommodation is gained by an approximation of the optic axes, enlarging the angle made with the visual lines.

When hyperopia is considerable and greater clearness of vision is required for near objects, the defective eye is turned in, or unused, to prevent diplopia. When the defect in vision is very little, squint is not apparent, as clear sight is sacrificed to diplopia.

In many cases, with the optometer you will find considerable difference between the refractive powers of the eyes, even when there is no structural cause evident.

Long-continued inversion of an eye, causing an imperfect image on the periphery of the retina, will eventually end in partial amblyopia, and hence in strabismus of many years' duration

often very little is accomplished by either an operation or glasses. The remedies Phosphorus and Sulphur have cured asthenopia, where there had been periodic convergent strabismus, in two cases, both young persons. In this case, a double frame, holding a prism of four degrees, with its base directly outward, to correct the diplopia and evert the eye, and a ten-inch convex glass to correct the hyperopia, were apparently all that were needed. The over-tension of the internal rectus, however, was relieved by the division of its tendon, and in a short time after the proper glasses were given, the result being entirely satisfactory.

CONGENITAL HYDROCELE.

In this affection, as well as encysted hydrocele of the cord of young children, I have lately adopted the plan of etherizing the patient and making a dissection by a vertical incision of about an inch in length down through the scrotum, other coverings, and tunica vaginalis testis, and evacuating the liquid. In this way the primary object of the operation, the evacuation of the fluid, is accomplished. The incision is lengthy enough to set up adhesive inflammation, and both radically cure the disease and obliterate the connection at the neck of the sac with the abdomen.

It is practically impossible to discriminate as to whether the infantile hydrocele is complicated with hernia or not, as it often is. Death has resulted from the old plan of puncture, by injury to the loop of intestine, where the operator had a reputation as a surgeon. The main physical sign of hernia, succussion on coughing, is also present in congenital hydrocele. In a case of large encysted hydrocele of the cord, accompanied by varicocele, occurring to Mr. Woodruff, a patient of Dr. C. S. Middleton, of this city, essentially the operation above described was successfully done, and the veins ligated at the same time. Poultice of flaxseed was the principal dressing. The encysted tumor had been thought by his allopathic attendants to be hernia, and repeated ineffectual attempts were made to reduce it.

BONY TUMOR IN MUSCLE.

May 24th, 1871, I removed from a patient brought by Dr.

Beckett, of Hurffville, N. J., two distinct and separate, dense, ovoid, bony tumors, from the substance of the left masseter muscle. The larger one, when dry, weighed twenty-seven grains. A section showed that they were as hard and dense throughout as the firmest compact structure of the long bones, and were in no way attached to the ramus of the jaw. The specimens are certainly rare, and as far as I know we have no account of bony tumors occurring in a similar manner about the face.

TWO CASES OF OVARIOTOMY FOR CYSTO-SARCOMA.

Case First.—May 31st, 1871, I removed a large cysto-sarcoma from Mrs. Julia Kuehle, aged about 30, living on the south side of Jefferson, above Twenty-first Street, Philadelphia; a patient of Dr. H. N. Guernsey. The enlargement began in the right ovary some years previously, and gradually increased in size until the palliative treatment of tapping the cysts was resorted to. I drew off at one time a bucketful and a half of various kinds of fluids. The contents of one cyst would be dark and coffee-colored, containing flakes of lymph; of another, a clear amber-colored fluid, but so thick as to scarcely run from the canula by pressure on the abdomen. Heating a little on a spoon coagulated it, showing it consisted mostly of albumen. Another cyst contained pure pus. The second tapping was a very incomplete affair, as the woman's strength was wellnigh exhausted, and the patient and family wished time to decide between death in a short time or the chances for recovery by removal. The operation was decided upon; the patient herself being very desirous of it, although from examination the tumor was believed to have adhesions. It was thought, also, to be multilocular, and composed of considerable solid tissue; conditions in themselves not favorable to success. In presence of Drs. J. C. Guernsey, Bradley, Clark, and Beckett, the patient was etherized, placed on her back, and the short or minor incision in the linea alba made, beginning two inches below the umbilicus and running to within an inch of the pubes. Checking the hemorrhage, the peritoneum was raised on a director and slit up equal to the primary incision. The cysts being drawn upon by transfixing them, they were pulled slightly

out of the wound and emptied, without any contents escaping into the abdomen. The fluid measured in all twenty-seven pints, and the primary incision had to be enlarged upwards for three inches, in order to explore the sides of the tumor, which was found adherent, and its character composite. Enucleation from the walls of the abdomen and abdominal viscera was made by the fingers nearly altogether, the scalpel being but little used. The whole mass, as gradually relieved from its attachments, was raised up or slightly drawn upon and finally turned out of the abdomen attached only by its pedicle, and supported by an assistant, to prevent traction. A double ligature was applied where the pedicle joined the tumor proper, and the mass cut away; holding up the attachment to the ligature, the abdomen was thoroughly cleansed of effused cystic discharge and portions of detached sarcoma. Bleeding was controlled by styptics, torsion, and sponging; after waiting some time to see that hemorrhage had ceased, Atlee's clamp was applied to the smallest portion of the pedicle. The excess of tissue above being cut away, the abdominal wound was closed, except at its inferior portion, to admit of drainage. Charpie was placed over the wound and a bandage applied to the abdomen. The mass itself weighed eight pounds and was nearly solid throughout, cysts larger than an egg having been previously emptied.

The patient did apparently well until the evening of the third day, when she was taken suddenly with a chill, and vomited incessantly a coffee-colored fluid until her death, which occurred a few hours later. Her abdomen was tympanitic, and very painful to the touch. Her sudden symptoms and death, independent of the necessary peritonitis, were due, in my estimation, to septicæmia or the absorption of poisonous fluids in the peritoneum; created by necessarily attached remains of particles of the tumor, as well as effusions, the result of inflammation at the points of adhesion.

Case Second.—This case was operated upon on Friday, April 5th, 1872. It was that of Mrs. Fry, of Harrisburg, a patient of Dr. M. Friese. The patient, a married woman, 55 years of age, small, thin, of rather emaciated frame. She had complete prolapsus of the uterus, so that the tumor without the vulva was

as large as a child's head. The rugæ of the vagina were effaced, and the mucous membrane dry and scaly. The desperate character of her case had been previously made out and explained; a cysto-sarcoma diagnosed; and the tumor without the genitals accounted for by the rupture of one of the cysts and its large fluid contents pushing outward from the uterus. I punctured the vagina and drew off, preliminary to the operation, half a bucketful of dark fluid.

The operation, by opening the abdomen, was performed as in the preceding case, the mass having no adhesions whatever. The patient succumbed, however, and died on the third day from shock and peritonitis. It will be noticed by those familiar with the reports of cases of ovariotomy by Spencer Wells, Clay, Baker Brown, and Atlee, that the great bulk of the successful cases are true ovarian cysts, or, strictly speaking, fluid tumors having thin cyst-walls; the weight of the stroma being trifling when compared to the amount of fluid they contain.

Cysto-sarcomatous tumors occur but rarely and go on to a necessarily fatal termination. To use the recent language of an eminent authority: "The only treatment is removal by ovariotomy. The operation is not so promising as in cystic degeneration, and should not be undertaken until the evil results of the disease and its tendency to destruction of life are fully manifested. It requires, generally, the long abdominal incision, and is very likely to be rendered difficult by adhesions. Still the prospect of success is such as to render the operation in many cases of grave prognosis not only admissible, but incumbent upon us."

CANCER OF THE PALATE.

Charles Krueger, about 56 years of age, from Green Bay, Wisconsin, came to Dr. Hering for treatment, November, 1871, for what he diagnosed as malignant disease of the soft palate. In its beginning it assumed a circumscribed ovoid shape, and was thought to be of a recurrent fibroid character, because of its firm structure. It, however, grew rapidly, and was accompanied from the first with burning, shooting pain, which was simply atrocious and indicated its true character. The patient, before

his arrival in Philadelphia, had taken regularly enormous doses of morphia to quiet pain and force sleep. About the beginning of January the growth softened, and ulceration of a foul and spongy character took place. The whole of the soft palate, arches of the throat, and pharynx, were involved. Arsenic seemed, as a general remedy, to give him relief. His wandering pains and collateral symptoms were from time to time cured or relieved by Dr. Hering. From January 20th to 25th, I removed, daily, portions of the diseased mass by careful dissection and the cautery, until the parts were apparently free from the disease, with the exception of an induration about the left tonsil. The patient was thereby made comfortable, so that he could eat, sleep, and was relieved of pain, and enjoyed a night's rest without his morphia. In three weeks the disease was waked up in soft parts about the angle of the lower jaw on the left side, and attended with more pain than anything which has ever come under my observation. He was taken to New York by his friends and seen by several prominent surgeons, who confirmed the diagnosis as to its being cancerous; a form of disease rarely met with in this situation.

I learned that the patient died in a few days from sheer exhaustion, pain, opiates, and starvation, as a sequence of this terrible malady. For some days before his death he had been unable to separate his jaws on account of the swelling.

HYDROTHORAX—RELIEF BY TAPPING.

I was called, January 20th, 1872, to see Elisha Dayes, of 1511 Camac Street, aged about 50, who had been suffering, for the past seven weeks, with great dyspnœa, palpitation of the heart, violent attacks of coughing when lying down, and scanty urination. These symptoms had followed an attack of pleuritis. Auscultation, and particularly the difference in resonance at the points of percussion when lying down or sitting up, indicated fluid in the chest—a condition which had not been previously suspected by his attendant. Leaning the patient a little forward, and directing him to take a full breath, I inserted a narrow bistoury between the sixth and seventh ribs, below the angle of

the scapula, and thus pierced the pleura, without the danger of pushing it forward, as is likely to happen with the trocar. The tube was then inserted, and by careful measurement four pints of clear, straw-colored fluid withdrawn, to the great relief of the patient. For fear of exhaustion, the left side was not then interfered with; but that night, during a violent coughing attack, he ejected from his chest over a pint of fluid, identical with that taken away by puncture.

Percussion of the left chest showed resonance at its lower portion where dulness previously existed. Exactly how the ejection of fluid took place I am at a loss to understand. I have opened the cavity of the chest frequently to evacuate serum confined a long time, and occasionally pus. In some few instances the wound has been so great as to allow of the air to pass freely in and out during respiration, and I have yet to see any ill effects from the admission of air, such as we are led to believe from most books. Some time since I attended a man about sixty years of age, who was struck in the back with an axe, breaking three of his ribs, and making an opening into his chest that I could easily have got my hand through. At every inspiration a portion of the lung protruded through and against the opening. I dressed the wound two or three times a day, which healed or became entirely closed over in three months, and the man got well without an untoward symptom. In a case of empyema occurring in a young child, a patient of Dr. Raue of this city, I made the incision quite large, and kept it open for weeks to evacuate the pus which flowed in great quantities, and no bad result was traced to the free egress and ingress of air.

LARGE STONE TAKEN FROM THE BLADDER.

I call your attention to this large fusible calculus, removed December 20th, 1871, from the bladder of J. E. Bentley, aged 28, of West Philadelphia. I performed lithotomy by the left lateral method, and the patient recovered without a bad symptom. This stone is believed to be the largest and next to the heaviest ever removed in Philadelphia. Its weight when taken out was 4 ounces, 13 pennyweights, 26 grains troy, or 5 ounces

avoirdupois. Its greatest circumference was 8⅞ inches. As it now is, the measurements are, 8¼ inches greatest, 7½ inches next, and 5½ inches smallest diameter.

ROHLAND'S STYPTIC COTTON.

I respectfully call the attention of the Institute to this sample of styptic cotton—cotton impregnated with sulphate of alum, benzoin, chloride of iron and ergot. It has been used very successfully as a styptic to control both active and passive hemorrhages. It is the invention of Dr. Robert Rohland, of New York.

Directions for Use.—Apply a thin layer of styptic cotton with gentle pressure to the surface of the bleeding wound. If desired it can be easily removed a few minutes after application, although the healing process will be accelerated by leaving it on. Keep the box closed and dry.

LII.

CANCER.

By G. M. Pease, M.D., Boston, Mass.

This dread disease has received attention from more charlatans than perhaps any other; and its treatment is largely in their hands, at one stage or another.

Many and varied have been the experiments tried, each with the hope that it would be found to be the certain mode of cure; but, alas! we have thus far been doomed to disappointment.

That there are cases which are supposed to be cancer, and which yield to treatment by, and give reputation to quacks, we are all well aware; yet we equally well know how liable we are to err in our diagnosis, and unless we employ the microscope and actually behold the cancer-cells, we cannot be *positive.*

Surgeons of to-day have been greatly jubilant over the new drug, Cundurango, from its *reputed* value for this disease; and yet it is valueless. What next must we do?

The origin of cancer has been the subject of much study and many theories; the most approved and best received opinion being that it is of germ or parasitic growth. Supposing that to be the case, what should we look for as a means of cure?

It is well known that carbolic acid is fatal to all germ life. Why not, then, employ this acid for the cure of cancer?

Acting upon this theory, I have for several years employed it in cases of cancer with great benefit.

It is true I have in every possible case first extirpated the

tumor with the knife; there is then less for the system to eliminate and the cure can consequently be more rapid. In every case thus treated I have had the best results possible; none have ever recurred. The acid is given in two-drop doses, largely diluted with water, twice or three times a day, when the stomach is not empty, and yet some little time after a meal. This prescription is carried out for three to six months. I have seen cases where diagnosis was nearly certain as to the existence of cancerous disease, which began almost immediately to show signs of recovery, and gradually the tumor would become smaller and finally disappear altogether.

In cancer of the stomach I have had but one opportunity in which I could have used the acid, and that patient was so nearly dead before I saw her that I did not try it; besides, I had not then as full faith in its efficacy as I now have.

The pathogenetic symptoms of a prolonged use of this acid are very like those of cancer in an advanced stage, particularly of cancer of the stomach. When the symptoms appear to such an extent as to cause inconvenience, it is my custom to either discontinue the use of the acid a short time, or to use it in smaller doses or with less frequency.

Knowing the tendency to be enthusiastic over a new theory, I have avoided allusion to this subject until my theories could be proven in facts, which, after the lapse of some six years, I think may now be done. A few cases may serve as examples.

(1.) 1866. Mrs. L., age about 55, had a cancer of the left mamma, involving the whole gland. The tumor was extirpated with the knife, and the treatment of carbolic acid prescribed. The result was a union by first intention of the wound, and a complete restoration to health. She is still living, and with no indication of return of the disease.

(2.) 1867. Miss C., age 22. Cancer of the ovary. Ovariotomy was performed and carbolic acid administered. Result, complete recovery and as yet no return.

(3.) 1869. Miss B. Hæmatoid cancer, located on the right cheek, extending to ala of the nose. Carbolic acid internally and externally, without operation, fully removed all traces after

two months of persistent use of the acid. Three years have not been sufficient to bring a redevelopment of the disease.

These cases, which exhibit three varieties of the disease, will show the range of action and usefulness of the remedy. Numerous others have been treated, for which the test of time has not been applied, and they can consequently only be theorized upon.

If physicians and surgeons will adopt the use of the carbolic acid for cancer patients, they will certainly do no harm, but perhaps thereby give length of life and freedom from pain to their suffering dependents.

LIII.

IMPROVEMENTS IN SURGERY.

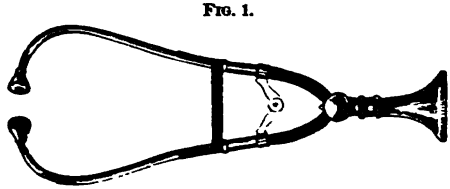
BUSHROD W. JAMES, M.D., PHILADELPHIA.

DURING the past year there have been no very remarkable improvements in this department, and yet there are always changes being made in the instruments and appliances used in the practice of surgery. We will point out a few that we have not previously described.

1.—KNIGHT'S DOUBLE STETHOSCOPE.

An improvement over Cammann's, represented in the cut, Fig. 1:

FIG. 1.



It consists of a trumpet-shaped piece of gutta percha which rests upon the chest in examination. Then there is a movable piece of rubber to which it is attached, and then we have little rubber tips which fit into two metallic tubes, and below into the rubber tubes. These tubes are fastened together by a series of cross pieces and five joints, in which consists the improvement. These tubes run up and are tipped by gutta percha, and are for

insertion into each ear, so that you can exclude the outside noises and the atmosphere from the ears, and you get, by putting the instrument together in this manner and placing the other end upon the chest of the patient, the very best stethoscopic results that you can obtain from any instrument.

To the cross-piece at the series of joints is an upright long screw, with movable burr. The screw has a spiral spring on its lower end, which the burr tightens or loosens, thus influencing the ear tubes, and the use of which is to enable the instrument to be pressed together or expanded, according to the necessities of the case.

2.—WIRE ÉCRASEUR FOR POLYPI, ETC.

It is used for the purpose of removing polypi from the uterus. Those who are familiar with the surgery of the uterine region

FIG. 2.

know the great difficulty we have in getting an instrument that will work properly.

It has a steel wire, instead of a jointed crushing loop, running through the instrument. This wire forms a loop, which is thrown around the polypus. The growth thus grasped is then, by means of a long screw which runs up along a groove in the instrument, drawn upon and cut off with the wire by simply turning a screw at the bottom. By this means any amount of cutting or crushing off power may be applied. It cuts its way through very satisfactorily, and it has certainly an advantage over the other form of instrument. A steel wire is certainly better than a long jointed instrument, which is very liable to break and which does not practically work so well as this improvement.

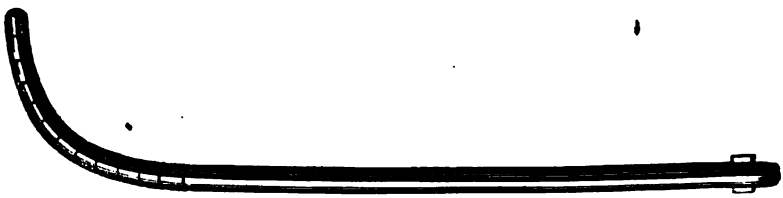
The staff of the écraseur is not a tube, but there are two little notches at the upper end through which the wire passes. The

end may be taken off and a straight piece put upon the staff instead of a curved one. It cuts the polypus off entirely at the base, while Gooch's canula simply cuts off the circulation in the growth and it subsequently sloughs away. There is not the same amount of bleeding as occurs in cutting, for the *crushing or tearing principle* is the mode involved in its operation.

3.—VERTEBRATED CATHETER.

Here is quite an improvement over the ordinary form of catheter, called the vertebrated catheter. It consists, as you see, of

FIG. 3.



an ordinary tube, through which runs a sub-tube which carries off the urine, and a straight tube, which is independent altogether. Through it runs a wire, which is fastened at the end by a little screw. At the upper end you see these little vertebrated joints, which can be turned in any direction, so that when you have a urethra that is at all curved or obstructed in any way (unless it be by a stricture, of course), it finds its way around the curved portion and passes into the bladder; the wire runs through the tube, and corresponding to the little joints; it is made somewhat like a chain. The body of the end of the catheter is movable in any direction by this ingenious arrangement.

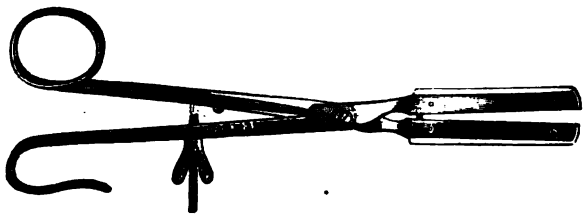
4.—HÆMORRHOID CLAMP.

Here exhibited is an instrument called Smith's clamp, for hæmorrhoids. The great trouble in operating for hæmorrhoids, as we all know, is the bleeding we often meet with, and in getting good results.

The instrument grasps the protruding part, and then, by means

of this screw, fastens tightly down upon it, and then, by applying the actual cautery, or by complete removal of the hæmorrhoidal protrusion thus grasped, destroys all below it and gets

Fig. 4.



rid of the tumor in that way. The cut will illustrate it better than description.

5.—LEVIS'S IMPROVED PULLEY, FOR EXTENSION.

The surgeon so frequently desires to make extension at the foot, in cases of hip-joint disease, or fracture of the limb of the

Fig. 5.

lower extremities, by means of weight, that some device seemed necessary by which the extending band or rope should have equal play in its movement; and for this purpose, Dr. Levis, of Philadelphia, has invented this neat little contrivance, which the cut will fully represent. A pulley-wheel is seen at one end, and the angles in the main rod or stem, together with the screw and arrangements for attaching it to the bed, so that it can be held firmly.

6.—PANCOAST'S IMPROVEMENT OF SAYRE'S HIP-JOINT APPARATUS.

Fig. 6 represents the hip-joint apparatus of Dr. L. A. Sayre,

FIG. 6.

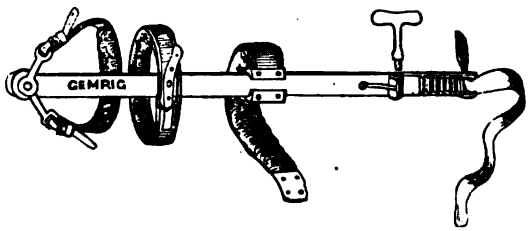
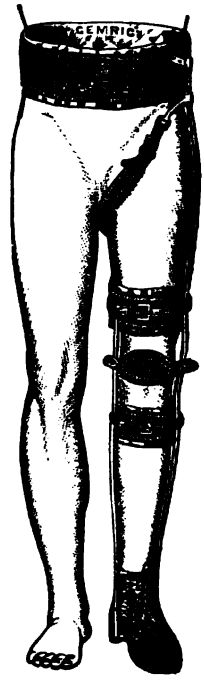


FIG. 7.



which extends only to the knee, as will be observed. It has a perineal band, and straps that go around the limb, and a screw by which extension is made. By comparing Fig. 7 (Pancoast's improvement), it will be noticed that his extends all the way to the foot, with a joint at the ankle; while in addition to the perineal band there is a broad abdominal band, to which the outer and upper part of the splint is attached, and through which the patient is allowed to be upon the limb without injury to the hip-joint, in cases of coxalgia. There are no adhesive straps to be used in this apparatus, and at the knee it is stationary without a joint.

IMPROVED INSTRUMENTS OF OTTO FÜLLGRAFF, M.D., OF NEW YORK, FOR USE IN NASAL, LARYNGEAL AND EUSTACHIAN DISEASES.

7.—FÜLLGRAFF'S PHARYNGEAL DOUCHE.

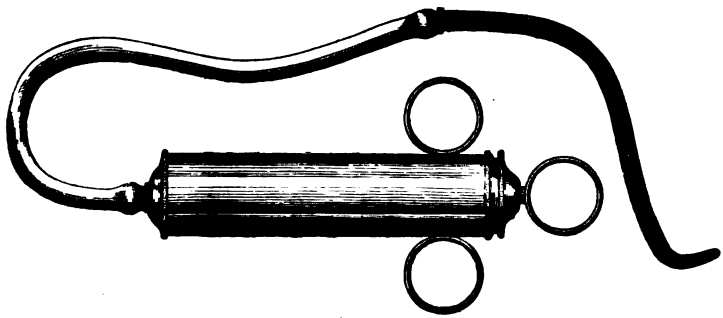
Figure 8 represents Dr. Füllgraff's *Pharyngeal Douche* without the flexible India-rubber tube connection. One of the figures represents its side view; another the anterior view, or its almost flat surface. They differ only in regard to bore interiorly. One

of these is used in cases where the secretion is lodged near the Eustachian openings, as it directs the fluid with more precision to those regions; the central slit would of course not be necessary for that purpose. The other is cut so as to produce a swallow-

FIG. 8.

tail moisture, for general douching the posterior nares. In using these douches the *head* of the patient has to incline (stooping) *forward* or *downward*—all the fluid has to run out of the nostrils, just opposite to what results from the *nasal douche;* breathing is not at all interrupted during the process, but of course, as with all the other instruments, it requires practice in order to use it properly and effectually.

FIG. 9.



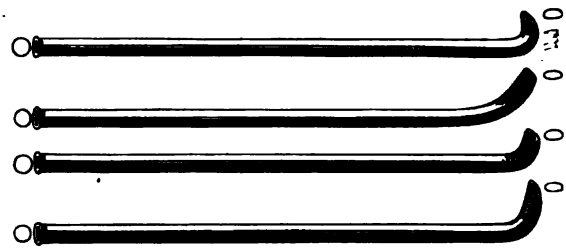
8. The cut above (Fig. 9) shows the same curved gutta percha piece attached by means of a flexible India-rubber tube to a com-

mon metallic hand-syringe. The curve of the gutta percha must have its proper direction, as exhibited, so as to enable it to reach the mouth of the Eustachian tube, and direct the fluid up that passage.

9.—FÜLLGRAFF'S TUBES FOR THROWING PULVERIZED OR GRANULATED AGENTS UP THE POSTERIOR NARES.

These glass tubes are made about six or eight inches long, curved at the end, of different degrees of curvature, as shown in Fig. 10. The openings at the closed ends of the tubes are peculiar, and rather hard to represent in the cuts; they are so formed as not to catch in the tissues back of the palate, or scratch them, and are sufficiently large to allow of the (granulated powder) medicine to be blown through the opening without clogging.

FIG. 10.



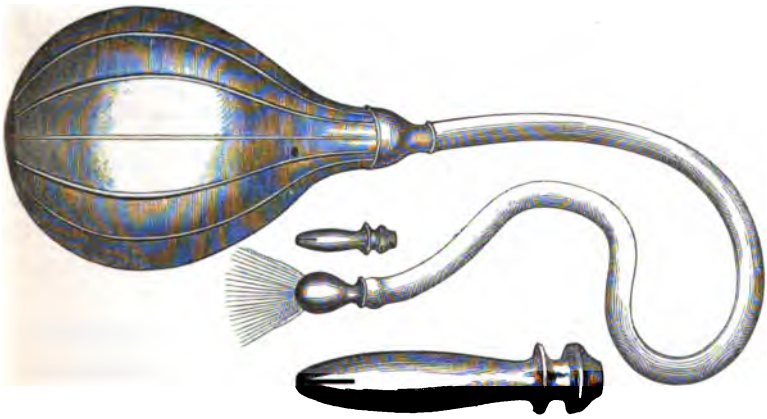
In using them in any given case, according to the location of the nasal disease, select one with such a curvature as will direct the medical agent to the part. Then take up some of the granulated medicine in the curved end of the tube, insert it in the patient's mouth, and bring it back of the velum, and when the tube is in such a position as to direct the medicine to the proper spot, the surgeon takes the other end into his mouth, and blows with a quick hard puff through the tube, thus driving and scattering the medicine to and over the desired parts. In the cut, the shapes of the openings at each end of the tubes are exhibited by sub-figures. At the straight end of each tube will be observed a circle, showing that at that end the opening is circular

and of the natural bore of the tube. The oval figures at the curved ends show the shape of the orifices at that end; there is a contraction in one direction, and a corresponding expansion in the longest diameter of the oval, so that the powder used may pass out easily.

10.—FÜLLGRAFF'S NASAL DOUCHE.

This instrument consists of a strong India-rubber bulb, to which is attached a flexible tube, and a gutta percha tip, with a slit for throwing a swallow-tailed stream. The improvement consists in a very flattened tip, much more manageable than the thick clumsy one in ordinary use. One of these tips is repre-

FIG. 11.



sented on the cut with its stream flying, while the other tip is seen showing its narrow flattened surface. The tip that is shown on the tube exhibits the form the fluid assumes as it passes out.

11.—FÜLLGRAFF'S EUSTACHIAN CATHETER ATTACHMENT.

The improvement in this piece of apparatus consists of the hard rubber tip, or connecting piece, A, by means of which the flexible tube is united to the Eustachian catheter, marked B.

The shape of the little piece is easily discerned in the cut, ready to be connected, so as to unite the catheter with the bulb tube. The catheter is nickel-plated. The ordinary small rubber bulb is used, with a valve at the lower part.

This instrument was invented by Dr. Füllgraff, for the surgeon to practice upon himself the perplexing manipulations in finding the orifice of the Eustachian tube; for it is very important

FIG. 12.

to perfect, as much as possible, the *sense of touch*,—as the introduction of catheters would be, in most cases, very painful to the patient, if the operator had not a highly educated sense of touch.

12.—FÜLLGRAFF'S NASO-EUSTACHIAN SPRAY INSTRUMENT AND DOUCHE.

The nickel-plated Eustachian catheter, with a tip that may be changed for different sizes, is in this cut represented, attached by means of a little connecting piece, as noticed in a former cut, to a flexible rubber tube, which bends over and is attached to a hollow metal piece, with a connecting metal piece projecting out, to which the ordinary spray-bulb is to be attached by means of this tube, but is not here represented. The other part of this metal piece terminates in a metal tube, which runs through an India-rubber cork into a bottle, which is the receptacle of the medicated fluid you intend to throw into the Eustachian tube of the patient.

It is very important to have the bend of the catheter *given here*, otherwise the orifice of the Eustachian tube will not be reached. There are, of course, cases where the curve has to be changed, and, of course, likewise the size may have to be smaller.

FIG. 13.

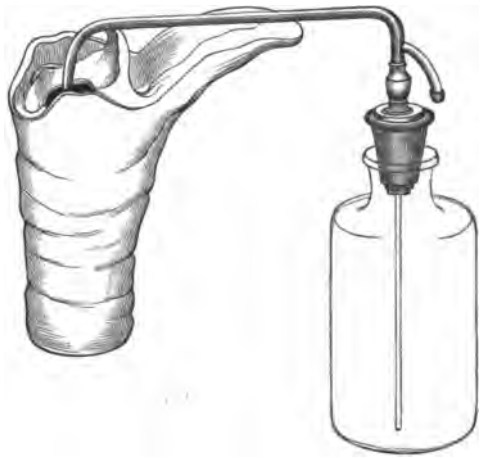
In the cut (Fig. 13), however, the full size and length of the curve and catheter cannot be shown.

13.—FÜLLIGRAFF'S LARYNGO-TRACHEAL DOUCHE.

The principal feature of this instrument is the metallic piece which arches over the cork in the bottle, and then passes at right angles over the tongue, at the root of which it is shown making another angle and passing over the epiglottis down into the larynx, so that when it is worked by the spray-bulb, as in the other instance, the medicated fluid in the bottle passes directly into the larynx, and even the trachea, when the instrument is

properly introduced. The end may terminate, like the other, in a movable tip, that can be unscrewed, and one of a different bore

FIG. 14.



can take its place, so as to throw a spray of finer or coarser particles, if need be.

SECTION VI.

REPORT

OF THE

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS,

W. M. WILLIAMSON, M.D.,	Philadelphia, Pa.
HORACE M. PAINE, M.D.,	Albany, N. Y.
L. E. OBER, M.D.,	La Crosse, Wis.
T. C. DUNCAN, M.D.,	Chicago.
H. M. SMITH, M.D.,	New York.
E. U. JONES, M.D.,	Taunton, Mass.
J. A. COMPTON, M.D.,	Muncie, Ind.
W. E. FREEMAN, M.D.,	Wilmington, N. C.
W. E. CLEVELAND, M.D.,	Atlanta, Ga.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME I. NUMBER 5.

CONTENTS.

XIV. Reports of Homœopathic Societies and Institutions of the United States.

XIV.

REPORTS

OF HOMŒOPATHIC SOCIETIES AND INSTITUTIONS IN THE UNITED STATES.

REPORTS of homœopathic societies and institutions are herewith submitted; only such being reported as sent delegates to the session of the Institute or submitted reports. The bureau appeals to all homœopathic societies, institutions and journals of the United States to have proper representation at the next session of the Institute, that the report of the bureau may be full and complete.

THE AMERICAN INSTITUTE OF HOMŒOPATHIC PHARMACY.

J. T. S. Smith, M.D.,
A. F. Worthington, M.D. } Delegates.

No report received.

CALIFORNIA.

(See pages 140 and 225.)

CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

F. Hiller, M.D., Delegate.
J. S. Sheppard, M.D., President.
W. B. Read, M.D., Vice-President.
W. N. Griswold, M.D., Recording Secretary.
S. Porter, M.D.,
J. C. Coxhead, M.D., } Censors.

COLORADO.

DENVER CITY DISPENSARY.

M. Mayer Marix, M.D., Attending Physician.

CONNECTICUT.

(See pages 140 and 226.)

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 35, 86, 141, and 226.)

H. E. Stone, M.D.,
G. H. Wilson, M.D., } Delegates.

The Society holds two meetings each year. There are forty-seven members.

OFFICERS.

C. E. Sanford, M.D., President.
E. W. Kellogg, M.D., Vice-President.
J. D. Johnson, M.D., Corresponding Secretary.
W. D. Anderson, M.D., Recording Secretary.
N. A. Mosman, M.D., Treasurer.
G. H. Wilson, M.D., Librarian.

C. Vishno, M.D.,
C. N. Skiff, M.D.,
H. M. Bishop, M.D., } Censors.
C. D. Belden, M.D.,
H. E. Stone, M.D.,

DISTRICT OF COLUMBIA.

(See pages 142 and 226.)

THE WASHINGTON HOMŒOPATHIC MEDICAL SOCIETY.

(See page 226.)

Tullio S. Verdi, M.D., Delegate.

No report.

WASHINGTON HOMŒOPATHIC DISPENSARY.

(See pages 117, 142, and 226.)

Tullio S. Verdi, M.D., Delegate.

No report.

INSTITUTE FOR THE AGED, WASHINGTON.

(See page 227.)

J. T. O'Conner, M.D., Delegate.

No report.

ILLINOIS.

(See pages 143 and 227.)

ILLINOIS STATE HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 49, 95, 144, and 227.)

A. E. Small, M.D.,
R. Ludlam, M.D.,
D. S. Smith, M.D.,
S. P. Cole, M.D ,
M. J. Safford, M.D.,
W. N. Burt, M.D.,
T. C. Duncan, M.D.,
G. W. Foote, M.D.,
W. D. McAffee, M.D.,
H. Pearce, M.D., } Delegates.

The eighteenth annual meeting was held at Chicago May 14th, 15th, 16th, 1872. The membership numbers two hundred.

OFFICERS.

E. M. McAffee, M.D., President.
G. W. Foote, M.D., } Vice-Presidents.
D. A. Colton, M.D., }
J. S. Mitchell, M.D., Recording Secretary.
T. C. Duncan, M.D., Corresponding Secretary.
E. M. P. Ludlam, M.D., Treasurer.
J. E. Morrison, M.D.,
F. H. Van Liew, M.D.,
E. Parsons, M.D.,
A. H. Potter, M.D.,
S. P. Cole, M.D., } Censors.

MATERIA MEDICA SOCIETY, CHICAGO.

S. P. Cole, M.D., Delegate.

No report.

CHICAGO NURSERY AND HALF-ORPHAN ASYLUM.

S. P. Hedges, M.D., Delegate.

This asylum is located on N. Halstead Street, occupying the block running through to Burling Street. It is at present one of the largest and best-appointed buildings for the purpose in the

country. During the year ending May 1st, 1872, there were sixty prescriptions made for the following diseases.

Fever, catarrhal remittent,	2	Gastritis,	2
" gastric,	1	Ulcerated sore throat,	1
" intermittent,	1	Cough, following measles,	1
Diarrhœa,	4	Hæmaturia,	1
Dysentery,	1	Diseases of the skin,	8
Marasmus,	1		

S. P. Hedges, M.D., Physician in charge.

SCAMMON HOSPITAL, CHICAGO.

W. K. Danforth, M.D., Delegate.

This hospital, which at present will accommodate about fifty patients, is soon to have its capacity very materially increased. It is intended also, during the coming season, to erect a clinical amphitheatre.

HOME FOR THE FRIENDLESS, CHICAGO.

(See page 145.)

George E. Shipman, M.D., Delegate.

No report.

HAHNEMANN MEDICAL COLLEGE DISPENSARY, CHICAGO.

T. S. Hoyne, M.D., Delegate.

No report.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

(See pages 121, 146, and 229.)

R. Ludlam, M.D., Delegate.

With a view to meet the increasing demand of the profession for a lengthened term of study and a higher standard of medical education, the Winter Session will hereafter commence on the first Thursday in October of each year, at 9 o'clock, A.M., and continue until the third Thursday of the March following; making the length of the term *twenty-four weeks*, instead of nineteen as heretofore.

The Faculty have also arranged a graded course of instruc-

tion, extending over three full Collegiate sessions, which all persons entering upon medical studies are earnestly advised to adopt.

A division of studies upon the two-course plan has likewise been made for the benefit of such students as are unable to attend the three full courses advised.

Number of matriculants during course of 1871–72, 91; and number of graduates, 32.

FACULTY.

A. E. Small, M.D., Emeritus Professor of Theory and Practice, and Treasurer of the College.

C. J. Hempel, M.D., D. S. Smith, M.D., } Emeriti Professors of Materia Medica.

R. Ludlam, M.D., Professor of Obstetrics and the Diseases of Women and Children, and Dean of the Faculty.

R. Welch, M.D., Professor of Chemistry and Toxicology.

J. S. Mitchell, M.D., Professor of Theory and Practice of Medicine, and Clinical Medicine.

F. A. Lord, M.D., Professor of Physiological and Medical Chemistry, and Registrar of the Faculty.

Temple S. Hoyne, M.D., Professor of Materia Medica and Therapeutics, and Business Manager of the College.

Willis Danforth, M.D., Professor of Principles and Practice of Surgery.

S. P. Hedges, M.D., Professor of General and Descriptive Anatomy.

E. M. Hale, M.D., Professor of Medical Botany, Pharmacology, and Therapeutics of New Remedies.

Leonard Pratt, M.D., Professor of Special Pathology and Diagnosis.

R. N. Foster, M.D., Professor of Physiology and Pathology.

Charles C. Bonney, LL.D., Lecturer on Medical Jurisprudence.

Charles N. Dorion, M.D., Adjunct Professor of Anatomy.

W. H. Woodyatt, M.D., Lecturer on Diseases of the Eye and Ear.

Charles Adams, M.D., Lecturer on Microscopy, and Adjunct to the Chair of Surgery.

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

(See pages 124, 147, and 229.)

A. E. Small, M.D., Delegate.

This is a Quarterly Journal of Medicine and Surgery, now in its seventh annual volume. Each issue contains one hundred and twenty-eight pages. It is an original journal, and publishes, beside the usual variety of matter, the regular clinical lectures on Surgery, Practice, Diseases of Women, and Diseases

of the Eye and Ear, delivered in the Hahnemann Medical College of Chicago. Its editorial and review departments are first-class in every particular. This journal is not partisan or controversial, but practical and progressive. Its publishers pay one dollar per page for contributions. Its size will probably be doubled during the next year. It is conceded to be more popular and useful now than ever before.

Its editors and proprietors are A. E. Small, M.D., President of Hahnemann Medical College, Chicago; R. Ludlam, M.D., Professor of Obstetrics and Diseases of Women and Children, Hahnemann Medical College, Chicago; W. Danforth, M.D., Professor of Principles and Practice of Surgery, Hahnemann Medical College, Chicago, and President of the Chicago Academy of Medicine; and R. N. Foster, M.D., Professor of Physiology and Pathology, Hahnemann Medical College, Chicago.

MEDICAL INVESTIGATOR.

(See pages 125, 147, and 229.)

T. C. Duncan, M.D., Delegate.

No report,

INDIANA.

(See pages 149 and 230.)

INDIANA STATE INSTITUTE OF HOMŒOPATHY.

(See pages 89, 94, 149, and 230.)

O. P. Baer, M.D.,
W. Eggert, M.D., } Delegates.

The annual meetings are held in May, the semiannual in November.

At the annual meeting, held at Indianapolis, May 3d, 1871, the following officers were elected:

O. P. Baer, M.D., Richmond, President.
J. Augustine Compton, Muncie, Vice-President.
W. Eggert, M.D., Recording and Corresponding Secretary.
J. R. Haynes, M.D., Treasurer.

C. T. Corliss, M.D.,
J. R. Haynes, M.D.,
William Eggert, M.D.,
A. White, M.D.,
J. A. Compton, M.D., } Censors.

MARION COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

William Eggert, M.D., Delegate.

J. R. Haynes, M.D., President.
P. B. Hoyt, M.D., Vice-President.
William Eggert, M.D., Secretary.
C. T. Corliss, M.D., Treasurer.

IOWA.

(See pages 150 and 230.)

SOCIETY OF HOMŒOPATHIC PHYSICIANS OF IOWA.

(See page 230.)

Geo. N. Seidlitz, M.D., R. F. Baker, M.D., } Delegates.

The annual meeting was held June 20th, at Iowa City. This Society is endeavoring to establish a Chair of Homœopathy in the University.

P. N. Worley, M.D., President.
C. H. Cogswell, M.D., Vice-President.
G. N. Seidlitz, M.D., Secretary and Treasurer.

KANSAS.

(See pages 150 and 231.)

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF KANSAS.

(See pages 150 and 231.)

S. K. Huson, M.D., Delegate.

This Society is in a prosperous condition; it has thirty-eight active members.

S. K. Huson, M.D., President.
J. J. Edic, M.D., Vice-President.
J. Hensley, M.D., Recording Secretary and Treasurer.
C. H. T. Johnson, M.D., Corresponding Secretary.

HOMŒOPATHIC FREE DISPENSARY OF LEAVENWORTH.

(See pages 56, 119, and 151.)

J. Hensley, M.D., Physician in Charge.

MAINE.

(See pages 151 and 231.)

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 33, 83, 152, and 231.)

Wm. Gallupe, M.D.,
N. G. H. Pulsifer, M.D., } Delegates.

The annual meeting is held in May. It has forty members.

Geo. P. Jefferis, M.D., President.
Moses Dodge, M.D.,
N. G. H. Pulsifer, M.D., } Vice-Presidents.
Wm. E. Payne, M.D., Recording Secretary.
Jas. B. Bell, M.D., Corresponding Secretary.
Wm. Gallupe, M.D., Treasurer.

MASSACHUSETTS.

(See pages 154 and 232.)

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 84, 85, 154, and 232.)

Chas. A. Brooks, M.D.,
S. M. Cate, M.D.,
Wm. B. Chamberlain, M.D.,
Henry B. Clarke, M.D.,
E. U. Jones, M.D.,
E. P. Scales, M.D.,
J. H. Sherman, M.D.,
Geo. W. Swazey, M.D.,
I. T. Talbot, M.D.,
David Thayer, M.D.,
J. Woodbury, M.D., } Delegates.

The annual session is held upon the second Wednesday in April, the semi-annual upon the second Wednesday in October. Number of active members, 130.

OFFICERS.

Wm. B. Chamberlain, M.D., President.
J. H. Woodbury, M.D.,
L. Macfarland, M.D., } Vice-Presidents.
J. P. Paine, M.D., Corresponding Secretary.
E. U. Jones, M.D., Recording Secretary.
T. S. Scales, M.D., Treasurer.
D. G. Woodvine, M.D., Librarian.
J. T. Harris, M.D.,
C. A. Brooks, M.D.,
L. D. Packard, M.D.,
C. H. Farnsworth, M.D.,
J. H. Smith, M.D., } Censors.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL, BOSTON.

(See page 284.)

L. Macfarland, M.D., Delegate.

A fair for the benefit of this Hospital was held in Boston in April, 1872, the proceeds of which were upwards of $75,000, while the subscriptions and donations added raised it to nearly $100,000.

MEDICAL AND SURGICAL BOARD.

J. H. Woodbury, M D.,
E. B. de Gersdorff, M.D.,
Conrad Wesselhoeft, M.D ,
Henry C. Ahlborn, M.D., } Physicians.
Henry C. Angell, M.D., Ophthalmic Surgeon.
I. T. Talbot, M.D., Surgeon.

THE FOLLOWING COMPRISES THE CASES TREATED IN THE HOSPITAL DURING THE LAST FISCAL YEAR.

	Cases.	Cured.	Improved.	Unimproved.	Died.	Remaining.
Anasarca	1	.....	.....	1	.....	.....
Broncho-pneumonia	1	1	.....	.....	.....	.....
Carcinoma uteri	1	.....	.....	1	.....	.....
Chlorosis	1	.....	1	.....	.....	.....
Diarrhœa	2	1	1	.....	.....	.....
Epulis	1	1	.....	.....	.....	.....
Entero-peritonitis	1	1	.....	.....	.....	.....
Febris typhoides	1	1	.....	.....	.....	.....
Gastralgia	1	1	.....	.....	.....	.....
Hæmoptysis	1	1	.....	.....	.....	.....
Hemiplegia	2	.....	.....	.....	.....	2
Melancholia	1	.....	.....	.....	.....	1
Menorrhagia	1	.....	1	.....	.....	.....
Metritis	3	.....	3	.....	.....	.....
Mollities cerebelli	1	.....	.....	.....	1	.....
Myelitis	2	.....	.....	.....	.....	2
Neuralgia	3	.....	1	.....	.....	2
Neurasthenia	2	.....	1	1	.....	.....
Paraplegia	2	1	.....	.....	.....	1
Peritonitis	1	.....	1	.....	.....	.....
Porrigo favosa	1	.....	.....	1	.....	.....
Prolapsus uteri	2	1	1	.....	.....	.....
Retroversio uteri	1	.....	.....	.....	.....	1
Rheumatismus	2	2	.....	.....	.....	.....
Tumor ovarii	1	.....	.....	1	.....	.....
Ulceratio uteri	1	1	.....	.....	.....	.....
Total	37	12	10	5	1	9

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

(See pages 156 and 233.)

L. D. Packard, M.D., Delegate.

Meetings are held twice a month. The Society is in a flourishing condition.

OFFICERS.

F. H. Krebs, M.D., President.
H. C. Clapp, M.D., Secretary and Treasurer.

BOSTON HOMŒOPATHIC SOCIETY.

(See pages 156 and 233.)

E. P. Scales, M.D., Delegate.

Meetings are held twice a month. The Society is in a prosperous condition, and has twenty members.

OFFICERS.

Conrad Wesselhoeft, M.D., President.
T. S. Scales, Vice-President.
F. H. Underwood, Secretary and Treasurer.
W. B. Gambell, M.D.,
D. Thayer, M.D.,
Giles M. Pease, M.D., } Censors.

BRISTOL COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 41, 96, and 156.)

Henry B. Clarke, M.D., Delegate.

No report.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 97, 156, and 284.)

D. B. Whittier, M.D., Delegate.

There is a growing interest in homœopathy throughout this county. The Society has seventeen members.

C. Slocomb, M.D., President.
D. Hunt, M.D., Vice-President.
W. B. Chamberlain, M.D., Secretary and Treasurer.
C. A. Brooks, M.D.,
E. F. Hinks, M.D.,
Geo. F. Forbes, M.D., } Censors.

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

N. R. Morse, M.D., Delegate.

No report.

CONSUMPTIVES' HOME.

(See pages 49, 102, and 156.)

Charles Cullis, M.D., Delegate.

Charles Cullis, M.D., Physician.

This institution, in December, 1871, was moved to a large building, known as Grove Hall, Boston Highlands, arranged to accommodate one hundred inmates. The present number of patients is forty-seven.

HOUSE OF THE ANGEL GUARDIAN.

(See pages 49, 102, and 157.)

H. P. Shattuck, M.D., Delegate.

H. P. Shattuck, M.D., Physician.

The practice of homœopathy has given the greatest satisfaction to the friends of this institution. There has not been a death for three years, which is remarkable, for most of the children are under ten years.

BALDWIN PLACE FOR LITTLE WANDERERS, BOSTON.

(See pages 47, 157, and 285)

J. H. Woodbury, M.D., Delegate.

No report.

BOSTON HOMŒOPATHIC MEDICAL DISPENSARY.

(See pages 47, 110, and 158.)

S. Gregg, M.D.,
Geo. Russell, M.D.,
Milton Fulton, M.D.,
H. C. Angell, M.D.,
David Thayer, M.D.,
I. T. Talbot, M.D., } Consulting Physicians.

S. Whitney, M.D., Attending Physician.

During 1872 from eighty to one hundred patients were treated monthly, who belong to the better portion of the working classes.

NEW ENGLAND HOMŒOPATHIC MEDICAL COLLEGE.

(See pages 57 and 159.)

David Thayer, M.D., Delegate.

It is probable this will be an active organization in course of the present year.

NEW ENGLAND MEDICAL GAZETTE.

(See pages 60, 159, and 285.)

I. T. Talbot, M.D., Delegate.

I. T. Talbot, M.D.,
William Tod Helmuth, M.D., } Editors.

The Gazette enters upon its seventh volume the present year. It has steadily increased in size and circulation from its commencement, and it endeavors suitably to represent the growing school of medical practice in New England. Subscription, three dollars yearly.

MICHIGAN.

(See pages 163 and 285.)

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

(See page 236.)

Thomas F. Pomeroy, M.D.,
F. Woodruff, M.D., } Delegates.

OFFICERS.

T. F. Pomeroy, M.D., President.
S. B. Thayer, M D.,
E. B. Graham, M.D., } Vice-Presidents.
F. Woodruff, M.D., Corresponding Secretary.
I. N. Eldridge, M.D., Recording Secretary and Treasurer.

The third annual session was held May 21st and 22d, 1872, at Battle Creek. Its present condition is prosperous. It has forty members.

AMERICAN OBSERVER, DETROIT.

(See pages 61, 124, and 164.)

E. A. Lodge, M.D., Delegate.
E. A. Lodge, M.D., Editor.

No report.

MINNESOTA.

(See pages 164 and 237.)

MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

(See pages 164 and 237.)

C. G. Higbee, M.D., Delegate.

OFFICERS.

T. R. Huntington, M.D., President.
A. L. Domberg, M.D., } Vice-Presidents.
C. G. Weber, M D., }
C. L. Hatch, M.D., Corresponding Secretary.
H. Wedelstædt, M.D., Secretary and Treasurer.

No report.

RAMSEY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

C. G. Higbee, M.D., Delegate.
T. C. Schell, M.D., President.

The first annual meeting was held upon the first Monday in May, 1872.

MISSOURI.

(See pages 165 and 238.)

GOOD SAMARITAN HOSPITAL, ST. LOUIS.

(See pages 56 and 166.)

John Hartman, M.D., Delegate.

The following cases were treated in the Hospital, from January 1st, 1871, to May 15th, 1872:

Asthma,	4
Typhoid fever,	21
Syphilis,	13
Paralysis,	3
Dysentery,	28
Gonorrhœa,	17
Hydrops pericardii,	3
Tuberculosis pulmonum,	13
Erysipelas,	3
Albuminuria,	2
Diabetes mellitus,	1
Febris biliosa,	7
Lupus,	1

Remittent fever,	81
Intermittent fever,	40
Orchitis,	6
Pneumonia,	17
Necrosis of femur,	1
Bronchitis, acute, 4; chronic, 7,	11
Vertigo,	8
Vomica,	1
Aneurism of aorta,	1
Conjunctivitis chronica,	8
Rheumatism,	8
Scirrhus mammæ,	2
Carcinoma uteri,	1
Ovarian dropsy (one case with a carcinomatous tumor),	2
Epilepsy,	2
Hydrops, ascites, 2; anasarca, 4,	6
Colitis,	1
Derangement of mind from onanism,	2
Injury, with rupture of vena porta,	1
Tic douloureux,	1
Number of patients,	265

Of these 83 died, and 5 left uncured.

The attending physicians are Drs. T. G. Comstock, E. C. Franklin, D. R. Luytus, and John Hartman.

ST. LOUIS HOMŒOPATHIC DISPENSARY.

(See pages 119, 167, and 288.)

Ambrose S. Everett, M.D., Physician in charge.

From the 1st of June, 1871, to the 18th of May, 1872, 698 patients were treated, and 2792 prescriptions were made.

This institution is in a prosperous condition, and has the confidence of the whole community.

ST. LOUIS HOMŒOPATHIC COLLEGE OF MEDICINE AND SURGERY.

John T. Temple, M.D., Delegate.

The two homœopathic colleges in St. Louis have united, and have adopted the above title.

NEW HAMPSHIRE.

(See pages 170 and 239.)

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 23, 84, 170, and 239.)

OFFICERS.

D. F. Moore, M.D., President.
J. F. Whittle, M.D., Vice-President.
J. H. Gallinger, M.D., Secretary and Treasurer.

No report.

NEW JERSEY.

(See pages 171 and 239.)

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

(See pages 88 and 171.)

H. F. Hunt, M.D.,
G. W. Richards, M.D., } Delegates.
R. M. Wilkinson, M.D.,

OFFICERS.

W. Ward, M.D., President.
R. M. Wilkinson, M D.,
G. W. Richards, M.D., } Vice-Presidents.
H. F. Hunt, M.D.,
L. Dennis, M.D., Recording Secretary.
J. Longlove, M.D., Corresponding Secretary.
G. W. Baily, M.D., Treasurer.
J. J. Youlin, M.D.,
W. McGeorge, M.D.,
F. Nichols, M.D., } Censors.
T. Lafon, M.D.,
J. P. Johnson, M.D.,

The Society is prospering, and has eighty members.

HOMŒOPATHIC MEDICAL SOCIETY OF THE EASTERN DISTRICT OF NEW JERSEY.

(See pages 99 and 172.)

J. J. Youlin, M.D., Delegate.

OFFICERS.

G. W. Richards, M.D., President.
L. Dennis, M.D., Vice-President.
W. J. Andrew, M.D., Secretary and Treasurer.
G. W. Baily, M.D.,
F. B. Mandeville, M.D., } Censors.
Daniel McNeill, M D.,

Meetings are held on the first Wednesday in every month.

During the last year thirteen papers were read before the Society. It has thirty members.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 172 and 240.)

H. F. Hunt, M.D., Delegate.

OFFICERS.

A. Kirkpatrick, M.D., President.
D. Gardiner, M.D., Vice-President.
W. McGeorge, M.D., Recording Secretary.
H. F. Hunt, M.D., Corresponding Secretary.

This Society has been in successful operation for three years, and numbers twenty-nine members.

HUDSON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

(See page 239.)

J. J. Youlin, M.D., Delegate.

No report.

NEW YORK.

(See pages 175 and 240.)

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

(See pages 86, 87, 175, and 240.)

W. J. Bryan, M.D.,
F. W. Ingalls, M.D., } Delegates.
Theod. Quick, M.D.,

OFFICERS.

Lucien B. Wells, M.D., President.
Edwin H. Hurd, M.D.,
Ezra P. K. Smith, M.D., } Vice-Presidents.
T. Franklin Smith, M.D.,
Horace M. Paine, M.D., Recording Secretary.
E. Darwin Jones, M.D., Corresponding Secretary.
William S. Searle, M.D., Treasurer.

This is the largest and most completely organized State Society in the United States. Meetings are held semi-annually, and are always well attended. The eighth volume of Transactions is a handsome octavo volume of upwards of eight hundred pages, and is full of valuable reports and papers, presented by members

at the annual and semi-annual meetings of 1870. The Recording and Corresponding Secretaries, Drs. H. M. Paine and E. D. Jones, are indefatigable in their efforts to sustain the reputation of the Association.

DEPARTMENT OF NEW YORK—GRAND ARMY OF THE REPUBLIC.

Hans Powell, M.D., Medical Director.

Annual report for the year ending April 30th, 1872, of the honorably discharged wounded and disabled members of one hundred and thirty posts who served in the war of the rebellion.

No. of members who have lost the				right arm,	. . .	115
"	"	"	"	left arm,	. . .	96
"	"	"	"	both arms,	. . .	2
"	"	"	"	one leg,	. . .	147
"	"	"	"	both legs,	. . .	2
"	"	"	been wounded,		. . .	1578
"	"	"	lost a leg and an arm,		. .	4
"	"	who have been injured other than in battle,			.	246
						2190

HOMŒOPATHIC MEDICAL SOCIETY OF CENTRAL NEW YORK.

(See pages 43, 97, 176, and 241.)

OFFICERS.

S. Spooner, M.D., President.
L. B. Wells, M.D., Vice-President.
H. V. Miller, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

(See pages 176 and 241.)

T. E. Allen, M.D., } Delegates.
T. J. Pettit, M.D., }

OFFICERS.

E. D. Jones, M.D., President.
S. J. Pearsall, M.D., Vice-President.
A. W. Holden, M.D., Secretary and Treasurer.
E. S. Coburn, M.D., Corresponding Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

(See pages 41, 176, and 241.)

S. H. Carroll, M.D., Delegate.

OFFICERS.

S. H. Carroll, M.D., President.
H. G. Preston, M.D., Vice-President.
E. A. Carpenter, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF BROOME.

(See pages 177 and 241.)

T. L. Brown, M.D , Delegate.

OFFICERS.

Stephen D. Hand, M.D., President.
H. S. Sloan, M.D , Vice-President.
T. L. Brown, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF CAYUGA.

(See pages 41, 177, and 242.)

C. E. Swift, M.D.
W. M. Gwynn, M.D., } Delegates.

OFFICERS.

W. M. Gwynn, M.D., President.
P. O. C. Bensen, M.D., Vice-President.
W. M. Sprague, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF CHAUTAUQUA.

(See pages 177 and 242.)

G. A. Hall, M.D., Delegate.

OFFICERS.

Cornelius Ormes, M.D., President.
John T. Blakeney, M.D., Vice-President.
F. D. Ormes, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF CHEMUNG.

(See page 178.)

N. R. Seeley, M.D., Delegate.

OFFICERS.

N. R. Seeley, M.D., President.
Wm. Gulick, M.D., Vice-President.
O. Groom, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF CHENANGO.

OFFICERS.

J. T. Wallace, M.D., President.
R. E. Miller, M.D., Vice-President.
Charles A. Church, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTIES OF COLUMBIA AND GREENE.

(See pages 178 and 242.)

W. H. Barnes, M.D., Delegate.

OFFICERS.

T. T. Calkins, M.D., President.
D. Warren, M.D., Vice-President.
P. W. Mull, M.D., Secretary.
A. P. Cook, M.D., Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF DUTCHESS.

(See pages 42, 97, 179, and 242.)

I. S. P. Lord, M.D., Delegate.

OFFICERS.

I. S. P. Lord, M.D., President.
Henry N. Avery, M.D., Secretary and Treasurer.
William Baxter, M.D.,
Henry N. Avery, M.D., } Censors.
W. R. Chase, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ERIE.

(See pages 98, 199, and 248.)

OFFICERS.

G. W. Lewis, M.D., President.
E. G. Cook, M.D., Vice-President.
H. T. Appleby, M.D., Secretary and Treasurer.
A. T. Bull, M.D.,
L. D. McMichael, M.D.,
A. S. Ninckley, M.D., } Censors.
N. Osburn, M.D.,
A. R. Wright, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

(See pages 88, 180, and 243.)

Reuben C. Moffatt, M.D., Delegate.

OFFICERS.

H. E. Morrill, M.D., President.
J. L. Watson, M.D., Vice-President.
Everett Hasbrouck, M.D., Recording Secretary.
Wm. M. L. Fiske, M.D., Corresponding Secretary.
B. F. Underwood, M.D., Treasurer.

R. C. Moffatt, M.D.,
W. S. Searle, M.D.,
S. S. Guy, M.D.,
} Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF LIVINGSTON.

(See pages 42, 180, and 243.)

J. N. Anderson, M.D., Delegate.

OFFICERS.

J. N. Anderson, M.D., President,
J. A. West, M.D., Secretary.
H. M. Dayfoot, M D., Treasurer.

A. L. L. Potter, M.D.,
H. M. Dayfoot, M.D.,
J. A. West, M.D.,
} Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF MADISON.

(See pages 180 and 244.)

A. E. Wallace, M.D., Delegate.

OFFICERS.

G. L. Gifford, M.D., President.
Edward Loomis, M.D., Vice-President.
Geo. B. Palmer, M.D., Secretary and Treasurer.

A. E. Wallace. M.D.,
E. C. Bass, M.D.,
S. Spooner, M.D.,
} Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF MONROE.

(See page 181.)

OFFICERS.

E. H. Hurd, M.D., President.
T. C. White, M.D., Vice-President.
J. C. Harrington, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF MONTGOMERY.

(See page 181.)

OFFICERS.

James Geme, M.D., President.
E. H. Eisenbrey, M.D., Vice-President.
T. J. Pettit, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

(See pages 98, 182, and 244.)

Henry M. Smith, M.D., Delegate.

OFFICERS.

Carroll Dunham, M.D., President.
S. P. Burdick, M.D., Vice-President.
H. M. Smith, M.D., Secretary.
H. C. Houghton, M.D., Treasurer.

H. D. Paine, M.D.,
S. Lilienthal, M.D.,
J. W. Dowling, M.D., } Censors.
E. M. Kellogg, M.D.,
T. F. Allen, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NIAGARA.

W. S. Whitney, M.D., Delegate.

OFFICERS.

D. F. Bishop, M.D., President.
A. L. L. Potter, M.D., Vice-President.
R. S. Bishop, M.D., Secretary and Treasurer.

A. B. Botsford, M.D.,
E. Brown, M.D.,
W. S. Whitney, M.D., } Censors.
A. J. Evans, M.D.,
E. C. Parke, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ONEIDA.

(See pages 182 and 244.)

L. B. Wells, M.D., Delegate.

OFFICERS.

L. B. Wells, M.D., President.
W. Warren, M.D., Vice-President.
D. W. Vanderburg, M.D., Secretary and Treasurer.
M. M. Gardiner, M.D.,
C. J. Hill, M.D.,
W. H. Watson, M.D.,
W. B. Stebbins, M.D.,
} Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ONONDAGA.

(See page 183.)

OFFICERS.

Franklin Bigelow, M.D., President.
W. Henry Hoyt, M.D., Vice-President.
W. A. Hawley, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ONTARIO.

A. B. Smith, M.D., Delegate.

OFFICERS.

J. H. Stebbins, M.D., President.
J. B. Voak, M.D., Vice-President.
G. Z. Noble, M.D., Secretary and Treasurer.
R. B. Covert, M.D.,
Hilon Doty, M.D.,
F. Tompkins, M.D.,
} Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ORANGE.

OFFICERS.

Chas. M. Lawrence, M.D., President.
J. W. Ostron, M.D., Vice-President.
Ira S. Bradner, M.D., Secretary and Treasurer.
J. T. Hotchkiss, M.D., Corresponding Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF OSWEGO.

(See pages 183 and 245.)

OFFICERS.

T. Dwight Stow, M.D., President.
W. L. Woodbury, M.D., Vice-President.
Geo. D. McManus, M.D., Secretary and Treasurer.
G. D. McManus, M.D.,
Aug. Pool, M.D.,
D. C. Fowler, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF OTSEGO.

(See pages 42, 184, and 245.)

OFFICERS.

E. B. Warren, M.D., President.
A. B. Cossaart, M.D., Vice-President.
J. I. Wallace, M.D., Secretary and Treasurer.
J. N. Foote, M.D.,
I. S. Blodgett, M.D.,
C. W. Fox, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF RENSSELAER.

(See pages 184 and 246.)

OFFICERS.

C. S. Woodruff, M.D., President.
M. W. Campbell, M.D., Vice-President.
C. G. Clark, M.D., Secretary and Treasurer.
R. D. Bloss, M.D.,
F. L. Vincent, M.D.,
M. W. Campbell, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF SARATOGA.

(See pages 185 and 246.)

OFFICERS.

E. B. Cole, M.D., President.
Zina Clements, M.D., Vice-President.
S. J. Pearsall, M.D., Secretary and Treasurer.
B. T. Cornell, M.D.,
Jas. F. Doolittle, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF STEUBEN.

(See pages 42 and 185.)

B. F. Grant, M.D., Delegate.

OFFICERS.

B. F. Grant, M.D., President.
W. J. Bryan, M.D., Vice-President.
J. M. Cadmus, M.D., Secretary and Treasurer.
W. J. Bryan, M.D.,
P. S. Hollett, M.D., } Censors.
W. S. Purdy, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ST. LAWRENCE.

OFFICERS.

D. E. Southwick, M.D., President.
E. Parmelee, M.D., Vice-President.
H. D. Brown, M.D., Secretary.
N. N. Childs, M.D., Treasurer.
D. R. Belding, M.D.,
S. Hoag, M.D., } Censors.
J. M. Dow, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF TIOGA.

(See page 246.)

L. B. Hawley, M.D., Delegate.

OFFICERS.

L. B. Hawley, M.D., Vice-President.
J. T. Greenleaf, M.D., Secretary and Treasurer.
T. S. Armstrong, M.D.,
C. A. Walsh, M.D., } Censors.
T. T. Hunter, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ULSTER.

(See pages 43, 99, and 185.)

F. W. Ingalls, M.D., Delegate.

OFFICERS.

Levi Shaffer, M.D., President.
Garrett D. Crispell, M.D., Vice-President.
F. W. Ingalls, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON.

(See page 186.)

B. F. Cornell, M.D., Delegate.

OFFICERS.

B. F. Cornell, M.D., President.
James Rice, M.D., Vice-President.
H. K. Bennett, M.D., Secretary and Treasurer.
D. H. Bullard, M.D.,
G. H. Beach, M.D.,
Geo. W. Little, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF WAYNE.

(See page 186.)

OFFICERS.

Stephen D. Sherman, M.D., President.
G. C. Childs, M.D., Vice-President.
M. F. Sweeting, M.D., Secretary and Treasurer.
O. C. Parsons, M.D.,
Myron H. Adams, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF WESTCHESTER.

(See page 186.)

T. C. Fanning, M.D., Delegate.

OFFICERS.

Henry Beakley, M.D., President.
W. A. Ely, M.D., Vice-President.
W. F. Hocking, M.D., Secretary and Treasurer.
L. W. Flagg, M.D.,
H. C. Jones, M.D.,
E. V. Brown, M.D., } Censors.

NEW YORK STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.

(See page 249)

OFFICERS.

Robert H. Burdell, President.
Fred. A. Conkling, Vice-President.
Carroll Dunham, M.D., Secretary.
Peter S. Hoe, M.D., Treasurer.
Geo. F. Foote, M.D., Superintendent.

No report.

FIVE POINTS HOUSE OF INDUSTRY.

(See pages 53, 104, 187, and 248.)

B. F. Joslin, M.D., Delegate.

ANNUAL STATISTICS.

Total number of cases,	806
Sent to hospital,	3
Treated at the House,	803
Died at the House,	5
Prescriptions,	3351
Vaccinated,	738

B. F. Joslin, M.D.,
H. C. Houghton, M.D., } Attending Physicians.
St. Clair Smith, M.D.,
Chas. A. Church, M.D., Resident Physician.

HOME FOR THE FRIENDLESS.

(See pages 188 and 250.)

C. T. Liebold, M.D., Physician.

No report.

HAHNEMANN HOSPITAL OF NEW YORK.

(See page 250.)

Wm. Tod Helmuth, M.D., Delegate.

ANNUAL STATISTICS.

Number cured,		37
"	improved,	8
"	remaining,	12
"	not improved,	5
"	escaped and expelled,	6
"	died,	1
"	sent to insane asylum,	1
		70

F. Seeger, M.D., Medical Director.
F. W. Hunt, M.D.,
L. Hallock, M D.,
B. R. Bowers, M.D., } Medical Board.
R. Reisig, M.D.,
Wm. Tod Helmuth, M.D., Surgeon.
E. E. Marcy, M.D.,
J. F. Gray, M.D.,
A. Reisig, M.D., } Consulting Board.
S. B. Barlow, M.D.,
G. E. Belcher, M D.,

NEW YORK OPHTHALMIC HOSPITAL.

(See pages 106, 189, and 250.)

Henry C. Houghton, M.D., Delegate.

The number of patients under medical care during the year was 1505; and if we had any doubts in the beginning concerning the efficacy of the homœopathic system, adopted by us, they have been dispelled. We have been successful in treating the most obstinate forms of ophthalmic disease in patients who have come to us from different parts of the city and state. Many of them were chronic cases, having sought us as a last resort, and with the most satisfactory results.

The surgeons have been punctual in their attendance and untiring in their devotion.

In March last we purchased two lots corner of Twenty-third Street and Third Avenue, on which we have a commodious and beautiful building, entirely adapted to our wants. The institution was removed to the new building in May, 1872.

Purely non-sectarian in character, making no distinctions in regard to race or color, rendering all services and attention gratuitously, we consider that no institution has greater reason to look for public aid, and the benevolent no more deserving charity on which to bestow their offerings.

We call particular attention to a new feature in the general plan of our work, by which it is provided that any person donating $1000 to the Hospital has the privilege of naming any bed in the Hospital not already endowed. A donation of $3000 makes the donor the owner of one bed in the Hospital and gives him complete control of its occupancy. *A donation of* $100,000 *from Mrs. Keep, lately received, makes this the largest and wealthiest eye and ear hospital in America.*

LIST OF DISEASES TREATED FROM OCT. 1ST, 1870, TO OCT. 1ST, 1871.

Diseases of the Eye.

Orbita,	5
Palpebræ,	177
Conjunctiva,	843
Sclera,	2
Cornea,	334
Iris,	43
Corpus ciliare et choroidea,	61
Nervus opticus et rel.,	59
Lens,	47
Corpus vitreum,	25
Refract. et accom.,	119
Musculi et nervi,	57
Organa lacrymalia,	42
Total,	1314

Diseases of the Ear.

Otitis chron., &c. Total,	181

LIST OF OPERATIONS FROM OCT. 1ST, 1871, TO OCT. 1ST, 1872.

Eye: Number of Operations,	89	Number of Eyes,	82
Ear: Number of Operations,	6	Number of Ears,	3

ATTENDING SURGEONS.

T. F. Allen, M.D., C. Th. Liebold, M.D.,
C. A. Bacon, M.D., J. M. E. Wetmore, M.D.

AURAL SURGEON.

Henry C. Houghton, M.D.

ASSISTANT SURGEONS.

Alfred K. Hills, M.D., B. Franklin, M.D.

CONSULTING SURGEONS.

P. P. Wells, M.D., G. E. Belcher, M.D.,
H. D. Paine, M.D., Carroll Dunham, M.D.

NEW YORK HOMŒOPATHIC DISPENSARY.

(See pages 50, 113, 189, and 252.)

REPORT OF CASES TREATED DURING THE YEAR ENDING DEC. 31ST, 1871.

Diseases of Women and Children,	2,925
" Head and Abdomen,	1,991
" Chest and Throat,	1,698
" Skin,	1,506
" Eye and Ear,	452
Surgical cases,	667
Cases treated in the Visiting Department and not above included,	1,450
Vaccinations,	653
Total number of patients,	11,842
Total number of deaths,	15
Sent to Hospitals,	84

Nativities, &c.

United States,	6,400
Great Britain,	3,500
Germany,	1,898
Other countries,	44
Males,	3,913
Females,	6,279
Children,	2,183
Adults,	8,009
Number of visits by Visiting Physician,	3,886
Number of House prescriptions,	29,676
Total number of prescriptions,	33,562

Since the establishment of this Dispensary, in 1860, it has treated 101,890 cases, and the experience of each succeeding year proves the homœopathic to be the safest, wisest, and most efficacious mode of medication, and by far the most economical.

MEDICAL STAFF.

Francis E. Doughty, M.D.,
J. A. Terry, M.D., } House Physicians.

Theodore D. Bradford, M.D., Visiting Physician and Surgeon to Eye and Ear Department.
Samuel Lilienthal, M.D., Senior Physician, German Department.
Augustus P. Throop, M.D., Diseases of Women.
Francis E. Doughty, M.D., Surgeon.
E. Carlton, M.D., Diseases of Chest and Throat.
Philip E. Arcularius, M.D., Diseases of Skin.
Harlan P. Partridge, M.D , Diseases of Head and Abdomen.

BOND STREET HOMŒOPATHIC DISPENSARY.

(See pages 111, 189, and 253.)

Otto Füllgraff, M.D., Delegate.

Seventeen years have passed since the doors of this Dispensary were first opened for the benefit of the sick poor, and it is still located where it was founded, at 59 Bond Street, except that we have hired additionally the adjoining premises, 57 Bond Street, on account of the constant increase in the number of patients, and consequent insufficiency of room. At present we outrank in point of attendance the New York Dispensary (allopathic), an institution established in the year 1790.

During the fiscal year 1871, as will be seen elsewhere, 41,714 cases have been treated, including 84,648 prescriptions, and 7384 outdoor visits by the physicians and surgeons connected with this Dispensary and its branch. About one-third of the cases were attended to at our Eastern Branch, 265 East Fourth Street (formerly 194 East Seventh Street), by our assistant and indefatigable co-laborer, Dr. J. P. Ermentraut, and assistants.

CASES TREATED FROM OCTOBER 1ST, 1870, TO OCTOBER 1ST, 1871.

Attended at Dispensary,	41,714
Outdoor visits,	7,384
Prescriptions given,	84,648

HARLEM HOMŒOPATHIC DISPENSARY.

(See page 254.)

Thomas Franklin Smith, M.D., Delegate.

No report.

WESTERN HOMŒOPATHIC DISPENSARY.

(See pages 191 and 255.)

Total number of prescriptions during 1871,	39,849
" " patients,	16,014

The Dispensary was established but a little more than three and a half years ago in the midst of a thickly populated tenement district, in the belief that more real good could be done for the suffering poor in this way than in any other.

So rapid has been the progress of the Institution, that it has outgrown its present accommodations, rendering increased facilities for its business absolutely essential. With a building furnishing adequate accommodations for its wants, its business could easily be doubled in a single year.

MEDICAL STAFF.

J. Titus Deyo, M.D., House Physician.
Hamilton Rickaby, M.D., Visiting Physician.
G. C. Brown, M.D.,
Warren Freeman, M.D.,
John C. Minor, M.D.,
H. M. Hitchcock, M.D.,
Benjamin Franklin, M.D.,
Wm. N. Guernsey, M.D.,
Chas. E. Gilbert, M.D.,
} Attending Physicians.
V. Zolnowski, M.D., Surgeon.

BROOKLYN, EASTERN DISTRICT, HOMŒOPATHIC DISPENSARY.

William Wright, M.D., Delegate.

It is supported entirely by voluntary contributions of its friends. During the first quarter of 1872, 464 patients were treated.

William Wright, M.D., Attending Physician.

GATES AVENUE (BROOKLYN) HOMŒOPATHIC DISPENSARY.

(See pages 58, 114, 192, and 256.)

J. L. Keep, M.D., Delegate.

The object of the organization is to furnish and dispense homœopathic medical treatment and remedies to those who are in needy circumstances, and who are pecuniarily unable to employ the services of a physician.

The Medical Staff is as follows:

J. L. Keep, M.D., Medical Director.
Samuel Talmage, M.D., House Physician.
Wm. C. Bryant, M.D.,
J. Monmonier, M.D.,
} Staff of Attending Physicians.
A. E. Sumner, M.D.,
J. F. Talmage, M.D.,
} Staff of Consulting Physicians.
M. Bryant, M.D.,
G. H. R. Bennett, M.D.,
} Staff of Consulting Surgeons.

DISPENSARY OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

(See pages 190 and 258.)

Henry D. Paine, M.D., Delegate.

Alfred K. Hills, M.D.,
Alexander Berghaus, M.D.,
George S. Norton, M.D.,
J. Blake Robinson, M.D., } Medical Staff.

Wm. Tod Helmuth, M.D.,
C. T. Liebold, M.D.,
H. M. Jernegan, M.D., } Surgical Staff.

J. Blake Robinson, M.D., Resident Physician.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

(See pages 57, 120, 193, and 257.)

Carroll Dunham, M.D., Delegate.

The officers of the New York Homœopathic Medical College have great satisfaction in reporting that that Institution continues to pursue the prosperous career upon which it entered when it came under their control in 1870.

It began operations in 1860 under a charter from the State of New York. This charter was amended in 1869. It confers the same powers and privileges which are enjoyed by other medical colleges of this State. Its officers are a Board of Trustees, twenty-one in number, who appoint and remove the Faculty and Censors at their discretion, and who, upon the recommendation of the Faculty and the Board of Censors, confer the degree of Doctor of Medicine upon candidates who have reached the age of twenty-one and are certified to be of good moral character, to have studied medicine with a respectable practitioner at least three years, and to have attended at least two complete courses of lectures at a regularly chartered medical college, the last of which course shall have been at *this* College. At the close of the lecture term of 1869–70, serious irregularities on the part of the Faculty having been brought to the knowledge of the Board of Trustees, that body, in the exercise of its sovereign right and duty, dismissed the entire Faculty, and appointed as their successors the present incumbents of the several chairs.

The newly appointed Faculty coming into possession of the College property not long before the commencement of the lecture term of 1870–71, and finding the Institution loaded with debt, and embarrassed by threats of legal proceedings against them and of competition through the organization of a new college on the part of the displaced Faculty, a portion of whom, innocent of participation in the irregularities which had caused their displacement, naturally chafed under the disgrace thus put upon them, found the task of reorganizing and reviving the College one of no ordinary difficulty.

The undersigned is most happy to say that the unselfish devotion of his colleagues of the Faculty, and the generous confidence extended to them by members of the profession who directed the choice of students, enabled the College to stand at the close of that session free from debt, with its equipment of apparatus fully doubled in value and variety, and with a bright prospect for the future, which the history of the year just closed has more than realized.

FACULTY.

Wm. Tod Helmuth, M.D., Professor of Surgery.
J. W. Dowling, M.D., F. S. Bradford, M.D., } Professors of Theory and Practice.
S. Lilienthal, M.D., Professor of Clinical Medicine.
H. D. Paine, M.D., Professor of Institutes.
S. P. Burdick, M.D., Professor of Obstetrics.
E. M. Kellogg, M.D., Emeritus Professor of Gynæcology.
W. O. McDonald, M.D., Professor of Gynæcology and Pædology.
H. C. Houghton, M.D., Professor of Physiology.
C. A. Bacon, M.D., Professor of Histology.
Carroll Dunham, M.D., T. F. Allen, M.D., } Professors of Mat. Med. and Therapeutics.
Jas. A. Carmichael, M.D., Professor of Anatomy.
Charles Avery, LL.D., Professor of Chemistry.

The number of Students registered during the session of 1871–1872, was,	85
Of this number, were Graduates in Medicine,	10
Of this number there attended the Graded Course,	13
The number of Graduates was,	86

Immediately upon their appointment, the present Faculty began the work of readjusting the plan of instruction, in order

to conform as rapidly and as completely as might be practicable to the recommendations of the American Institute of Homœopathy adopted in 1870. They greatly increased the number of professors, thus insuring a more complete course of instruction in several important branches of science. The department of Institutes and Theory and Practice of Medicine has, accordingly, in its didactic and clinical departments, five professors; Materia Medica, two, and Surgery two. They also provided for a graded course, covering three years, and offered pecuniary inducements to students to adopt it. This was done at first by six students, and the succeeding year by thirteen, with results so satisfactory to students and Faculty that there is little reason to doubt its general adoption within a few years by all new students. It cannot be made obligatory until the laws of the State shall be changed.

Within the last year the College has made arrangements with the New York Ophthalmic Hospital, an institution which has been under homœopathic management for the last six years, and most of the medical officers of which are members of the Faculty of the College, by which the College and Hospital will jointly occupy the magnificent building just completed by the Ophthalmic Hospital on the corner of Twenty-third Street and Third Avenue. The apartments prepared for college purposes constitute the most commodious and elegant college accommodations to be found in the country; with ample room for museum, library, chemical, physiological, and histological laboratories, dissecting rooms and clinical wards, with an elevator, whereby patients can be easily conveyed to either amphitheatre for the purpose of clinical demonstration.

Moreover, the Homœopathic Medical College Dispensary Association has been merged in the Homœopathic Surgical Hospital, under the auspices of which a brilliantly successful Fair was recently held in New York for the purpose of raising money to build an Accident Hospital adjoining the Ophthalmic Hospital and College. Our expectations of profits were abundantly realized, and the Surgical Hospital will undoubtedly be ready for occupancy in November, 1872, when students will have abundant opportunity of witnessing, throughout the lecture season, the

homœopathic treatment and surgical management of the diseases and injuries which befall in a large city. As students of the College, they have free access to the clinics and to the special lectures of the Ophthalmic Hospital, and enjoy unequalled opportunities of acquainting themselves with the important specialties of ophthalmology and otology, and of competing for the diploma of the Ophthalmic Hospital.

The Chair of Histology has been furnished with a complete equipment of clinical microscopes, and of Mr. Wale's unsurpassed objectives for the practical instruction of students. Provision has been made for a complete series of microphotographs of elementary and complex tissues, both physiological and pathological, and subdivisions of the graduating classes will henceforth be practically drilled in the preparation of specimens and the practical use of the microscope.

While thus accumulating facilities for the thorough instruction of students, the Faculty determined to require from students a faithful improvement of these unusual advantages. To this end they instituted a system of rigid daily examinations, and inaugurated a mode of final examinations which, while it affords all reasonable indulgence to the timid and hesitating, yet leaves no avenue of escape to the ignorant. The class are obliged to write, in the presence of each professor, answers to questions which are then, for the first time, put to them in writing upon the blackboard. A reasonable time is allowed for this purpose, but the student is compelled to rely entirely upon his own resources in recording his answers.

After these written examinations, an oral examination is had by each professor. And after this, each student is examined by the entire Board of Censors, composed of physicians not members of the Faculty, and without whose recommendation no student can receive the degree of Doctor of Medicine from the Trustees.

Presenting this statement of their labors and their hopes, the officers of the College ask the countenance of the Institute and the support of their colleagues in the profession, through whose aid they confidently hope to recruit the ranks of our school by annual levies of physicians, thoroughly grounded in every de-

partment of medical science and art, and capable and honorable representatives of the science of therapeutics from which we derive our honored name.

CARROLL DUNHAM, *Delegate.*

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.

The present condition of this Institution is very prosperous. The College owns its building, which is valued at $50,000, and is free from debt. During the session of 1871–72 there were thirty-four students and eight graduates.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

(See pages 60, 123, 194, and 258.)

S. Lilienthal, M.D., Delegate.

This Journal teaches pure homœopathy, but allows perfect liberty of action. Twenty volumes have been published: circulation eight hundred.

S. Lilienthal, M.D., Editor.
Boericke & Tafel, Publishers.

OHIO.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

(See pages 90 and 200.)

H. B. Van Norman, M.D., Delegate.

This association was organized in 1864, and has met annually since its organization. It has one hundred and forty-one active, and several honorary members. It sent a committee to Washington, in conjunction with a similar committee from Pennsylvania and New York, to represent to the President and Secretary of the Interior the injustice of the Commissioner of Pensions in dismissing Medical Examiners for Pensions on the ground of their being homœopathists.

CINCINNATI HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 100 and 200.)

S. R. Beckwith, M.D., Delegate.

No report.

CLEVELAND HOMŒOPATHIC MEDICAL ASSOCIATION.

(See page 259.)

H. B. Van Norman, M.D., Delegate.

No report.

HOMŒOPATHIC MEDICAL SOCIETY OF THE SEVENTEENTH CONGRESSIONAL DISTRICT OF OHIO.

(See pages 46, 101, 201, and 260.)

R. B. Johnson, M.D , Delegate.

This Society was organized in 1866, and has sixteen members. It is reported to be in a prosperous condition.

OFFICERS.

B. F. Cornell, M.D., President.
E. T. Goucher, M.D., Vice-President.
R. B. Johnson, M.D., Secretary and Treasurer.
G. O. Spruce, M.D., J. G. Heaton, M.D., G. M. Nippert, M.D., } Censors.

HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND.

(See pages 59, 203, and 260.)

N. Schneider, M.D., Delegate.

The last session of this College is reported as the most prosperous of its history. The number of students in attendance was one hundred.

FACULTY.

A. O. Blair, M.D., Professor of Principles and Practice of Medicine.
J. C. Sanders, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children.
N. Schneider, M.D., Professor of Principles and Practice of Surgery.
H. F. Biggar, A.B , M.D., Professor of Anatomy and Clinical Surgery.
H. H. Baxter, M.D., Professor of Materia Medica.
S. A. Boynton, M.D., Professor of Physiology.
E. R. Taylor, S.B , Professor of Chemistry and Toxicology.
G. M. Barber, Esq., A.M., Lecturer on Medical Jurisprudence.
G. J. Jones, M D., Lecturer Adjunct to the Chair of Anatomy.
W. F. Hocking, M.D., Lecturer on Pathology, Diagnosis, and Microscopy.
H. B. Van Norman, M.D., Lecturer on Hygiene.
J. R. Moody, M.D., Demonstrator.

PULTE MEDICAL COLLEGE OF CINCINNATI.

S. R. Beckwith, M.D., Delegate.

No report.

OHIO MEDICAL AND SURGICAL REPORTER.

(See pages 61, 134, 208, and 261.)

T. P. Wilson, M.D., Delegate.

No report.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

(See pages 87, 89, 205, and 261.)

Richard Koch, M.D.,
H. R. Fetterhoff, M.D.,
C. G. Raue, M.D.,
M. Côté, M.D.,
J. C. Morgan, M.D.,
Robert Faulkner, M.D,
D. L. Driebelbis, M.D.,
J. W. Brickley, M D.,
Jos. E. Jones, M.D.,
John Malin, M.D., } Delegates.

The last annual session of this Society was held at Harrisburg, February 7th and 8th, 1872.

A large number of papers of interest were presented, and discussion of a purely medical character occurred, showing a more lively interest in the general progress of the Society than formerly. The attendance was good from all parts of the State.

The following measures and resolutions of general interest were adopted at this meeting:

1. A medical bill was adopted by the Society for the suppression of quackery and crime throughout the State, as well as for the protection of all respectable practitioners who are graduates. And a resolution adopted, that it be presented to the legislature for their sanction as a law.

2. The privilege of active membership in the Society was extended to those residing without the limits of the State, provided they had been members previously.

3. The following resolutions were adopted:

Resolved, That each county or local Society prepare, and discuss during the year, a paper upon some scientific subject, and present the same at the annual meeting of the State Society for further discussion and adoption; and that of the papers thus offered the one deemed most worthy should be selected as the State Society paper for presentation to the American Institute of Homœopathy.

4. *Resolved*, That this Society adopt a form of constitution and government for the organization of county and local societies, and a uniformity of operation in the preparation of papers upon scientific subjects, discussions, system of delegation, and reports.

5. *Resolved*, That the Homœopathic Medical Society of Pennsylvania will heartily co-operate with the American Institute of Homœopathy in securing for our cause the best possible results from the proposed Convention of Homœopathic Physicians from all parts of the world, to be held in Philadelphia upon the occasion of the centennial celebration in 1876, and we will labor to extend to our honored brethren from abroad a hearty and cordial welcome.

6. WHEREAS, Special efforts are now being made, by the enactment of local option laws, to restrain the sale of intoxicating liquors; and whereas the medical profession has been greatly censured for seeming to demand their sale for medicinal purposes; therefore

Resolved, That this Society, representing the views of the vast majority of homœopathic physicians of our State, desires to call the attention of the public, and particularly of our law-makers and judges, to the following statement of our opinions in reference to the subject.

(*a*) That there are but three purposes for which alcoholic liquors are indispensable in the dispensing of medicines for the sick; first, to hold in solution the active principles of drugs which will not dissolve in other liquids; second, to preserve medicinal substances from decomposition; and, third, to produce a diffusive stimulation.

(*b*) That the stimulating effect of alcohol is not improved by combining it with remedial substances, but it may be administered separately without impairing its efficiency.

(*c*) That the sale of tonics and bitters (so called), or of any other medicine which contains more than sufficient alcohol to hold its active principles in solution, and preserve them from chemical change, is a violation of the spirit of prohibition, and is moreover a fraud upon the consumer, unless they be sold under their proper names of medicated or "drugged liquors."

(*d*) That pure alcohol, in various grades of dilution, affords all the diffusive stimulation that may be obtained from whiskies, brandies, malt liquors, &c., and is moreover less liable to undetected adulteration; while the utmost advantages claimed for the use of these various liquors, over and above that of pure alcohol, when compared with the injurious effects of their unrestrained use as "medicine," and the results of defective and inefficient prohibitory legislation, are trifling and contemptible in the contrast, and unworthy of any serious consideration.

(*e*) *Resolved*, That we do *not* ask that the sale of whisky, brandy, malt

liquors, &c., be allowed, even "for medicinal purposes," and we recommend our fellow-citizens to insist upon the enactment of laws which shall prohibit the sale of any alcoholic liquors whatever for such purpose, except pure alcohol only.

(*f*) *Resolved*, That we earnestly protest against being hereafter held to any greater degree of responsibility than our fellow-citizens generally for the indiscriminate use of intoxicating liquors as "medicines," and for opening, through our drug-stores, a door of escape for *evildoers*.

OFFICERS.

Bushrod W. James, M.D., President.
Mahlon Preston, M.D., First Vice-President.
J. C. Burgher, M.D., Second Vice-President.
A. M. Walker, M.D., Recording Secretary.
Pemberton Dudley, M.D., Corresponding Secretary.
O. B. Gause, M.D., Treasurer.
M. Friese, M.D.,
H. N. Martin, M.D., } Censors.
W. D. Hall, M.D.,

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES.

(See pages 44, 99, 206, and 268.)

R. C. Smedley, M.D., Delegate.

This Society was organized in 1858, and has an active membership numbering eighteen. The meetings of the Society are held quarterly.

OFFICERS.

Mahlon Preston, M.D., Norristown, President.
I. D. Johnston, M.D., Kennett Square, Vice-President.
Trimble Pratt, M.D., Media, Secretary.
R. C. Smedley, M.D., West Chester, Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY.

(See pages 45, 99, 206, and 262.)

L. M. Rousseau, M.D., Delegate.

No report.

HOMŒOPATHIC MEDICAL SOCIETY OF CUMBERLAND VALLEY.

(See pages 44, 100, 206, and 268.)

W. H. Cook, M.D., Delegate.

This Society is now in the seventh year of its existence, and has on its roll of membership fourteen physicians. Its meetings

are held on the first Tuesdays of May and November, at Carlisle; none of which have ever been omitted, and generally the attendance has been large in proportion to the membership. The Society has always taken a lively interest in everything that pertains to the advancement of homœopathy and of the science of medicine in general.

OFFICERS.

J. H. Marsden, M.D., President.
B. Bowman, M.D., Vice-President.
Wm. H. Cook, M.D., Secretary and Treasurer.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

(See pages 44, 100, 207, and 263.)

Pemberton Dudley, M.D., Delegate.

This Society has an active membership of sixty, and its meetings are usually well attended. The papers read before the Society, and the discussions thereon, are published in the *Hahnemannian Monthly*.

OFFICERS.

Jacob Jeanes, M.D., President.
John K. Lee, M.D., Vice-President.
A. H. Ashton, M.D., Treasurer.
R. J. McClatchey, M.D., Secretary.
B. W. James, M.D., Scribe.
P. Dudley, M.D.,
W. M. Williamson, M.D.,
Harriet Judd Sartain, M.D., } Censors.

HOMŒOPATHIC MEDICAL SOCIETY OF BERKS AND SCHUYLKILL COUNTIES.

E. H. Spooner, M.D., Delegate.

No report.

HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURG.

(See pages 55, 109, 208, and 264.)

J. C. Burgher, M.D., Delegate.

No report.

DISPENSARY OF HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

(See pages 55, 210, and 267.)

John E. James, M.D., Delegate.

No report.

NORTHWESTERN DISPENSARY OF PHILADELPHIA.

B. F. Betts, M.D., Delegate.

No report.

GERMANTOWN HOMŒOPATHIC DISPENSARY.

(See page 268.)

Mahlon M. Walker, M.D., Delegate.

No report.

HOSPITAL OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

(See page 268.)

Henry Noah Martin, M.D., Delegate.

No report.

M. E. OLD FOLKS' HOME OF PHILADELPHIA.

(See page 266.)

John E. James, M.D., Delegate.

No report.

HOME FOR LITTLE WANDERERS, PHILADELPHIA.

(See pages 55, 108, 206, and 266.)

W. H. H. Neville, M.D., Delegate.

This Institution has been in operation since 1865. It is located in the Fourth Ward, near the very concentration of vice and crime, the moral plague-spot of the city. Its special purpose is to get at and educate the children in this portion of the city, and find for them homes. Some are both housed and fed, while others only attend the day-school connected with the Home, living with their parents. During the past year over five hundred of these children have been received by this Home, clothed,

fed, and taught by it, and many of them placed in good permanent homes.

The Institution is under homœopathic care, and sickness among the children is the great exception. Three deaths only occurred during the past year, and of these two resulted from small-pox, which raged for so long a time in this as in all portions of Philadelphia.

Connected with the Home is a Dispensary where the poor of the neighborhood are prescribed for, and those unable to come to it are visited at their homes. During the nine months since its organization six hundred and fifteen prescriptions have been made in the office, and many patients visited outside.

C. M. Thomas, M.D., Physician in Charge.
H. N. Martin, M.D., Consulting Physician.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

(See pages 58, 120, 210, and 268.)

Richard Koch, M.D., Delegate.

The number of matriculants during the past session was one hundred and twenty-four, while the degree of M.D. was given to fifty-one successful candidates for graduation.

The museum has been enlarged, and new specimens are constantly being added. It contains now over four thousand specimens.

The library of the College has received special attention, and now contains over one thousand volumes.

As a new feature, in view of increasing the facilities for students to attain a thorough medical education, each professor has appointed an assistant, whose duty it shall be to review, in the form of questions (quizzes), the ground gone over by the lecturer. These quizzes will be given without extra charge to the student.

In order to carry out as far as practicable a three years' graded course, so highly approved of by the Institute, we have, as a pecuniary inducement to students, reduced the lecture fees to those who embrace this systematic way of obtaining medical knowledge.

In all other matters it has been the aim of the officers and teachers of this Institution to teach Homœopathy in its purity,

with due liberality to those who differ in their views; while no pains will be spared to instruct students thoroughly in all theoretical and auxiliary branches.

FACULTY.

Henry N. Guernsey, M.D., Materia Medica and Institutes.
John C. Morgan, M.D., Surgery.
Henry Noah Martin, M.D., Practice and Clinical Medicine.
Richard Koch, M.D, Physiology, General Pathology, and Microscopic Anatomy.
A. R. Thomas, M.D., Anatomy.
L. Stephens, M.D., Natural Philosophy, Chemistry, and Toxicology.
O. B. Gause, M.D., Midwifery and Diseases of Women and Children.
M. Macfarlan, M.D., Clinical Surgery.
C. Carleton Smith, M D., Special Pathology and Diagnostics.
E. A. Farrington, M.D., Forensic Medicine.
R. B. Weaver, M.D., Demonstrator of Anatomy.

Respectfully submitted for the Faculty,
H. N. GUERNSEY, M.D., *Dean.*
RICHARD KOCH, M.D., *Registrar.*

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA.

(See pages 128, 211, and 269.)

A. R. Thomas, M.D., Delegate.

This Journal is now near the completion of its fifth volume. It is under the general editorial management of A. R. Thomas, M.D., assisted by the Faculty of the Hahnemann Medical College.

Since its organization, it has brought out in elaborate form the following remedies by Dr. C. Hering, viz.: *Natrum sulphuricum, Eupatorium perfoliatum, Theridion curassavicum, Sarsaparilla, Mercurius jodatus ruber, Cuprum, Stramonium, Spongia tasta, Carburetum sulphuris, Coca* and *Nux moschata;* and by Prof. T. S. Hoyne, of Chicago, *Carbolic acid.*

Of Prof. Guernsey's Materia Medica, in which is given only the characteristic symptoms, thirty-five remedies have appeared, commencing with *Aconite* and continuing alphabetically to *Bryonia alba.*

Near eight hundred clinical cases have been published, besides six hundred and forty-eight characteristic symptoms, and numer-

ous therapeutic hints and practical remarks. The journal was enlarged to forty-eight pages monthly at the commencement of volume five.

THE HAHNEMANNIAN MONTHLY.

(See pages 60, 123, 211, and 269.)

John E. James, M.D., Delegate.

The *Hahnemannian Monthly*, which will enter its eighth volume in August, may very truthfully be reported as in a flourishing condition. Its circulation has largely increased since the last report to the Institute, and its editor has substantial reasons for believing that the quality of its contents is highly appreciated by the profession. During the past year, in addition to the usual forty-eight pages monthly of the Journal, eight pages of Dr. C. Hering's Materia Medica have been given with each monthly part; being in continuance of that great work as formerly published in connection with another journal. The *Hahnemannian Monthly* is published promptly in the first week of each month.

R. J. McClatchey, M.D., Editor.

Boericke & Tafel, Publishers.

RHODE ISLAND.

(See pages 214 and 269.)

PROVIDENCE CHILDREN'S FRIEND SOCIETY.

(See page 214.)

Courtland Hoppin, M.D., Attending Physician.

The Society has now in its care one hundred and thirty-nine children; thirty-two of which have been admitted during the past year. The medical treatment in the Institution has been homœopathic for the past twenty-five years, during ten of which it has been under the charge of the present attending physician. Every facility is afforded for carrying out the homœopathic treatment, although a large proportion of the officers have allopathic predilections. The Institution has had but fourteen deaths since 1847, one of these being a "fatal fall."

VERMONT.

(See page 216.)

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

(See pages 34, 85, and 216.)

G. E. E. Sparhawk, M.D., Delegate.

The Society was organized in 1854 and chartered in 1858. It has now sixty-nine living members, and was never in a more flourishing condition.

OFFICERS.

J. H. Jones, M.D., Bradford, President.
A. E. Horton, M.D., East Poultney, Vice-President.
G. E. E Sparhawk, M.D., Gaysville, Secretary.
A. A. Arthur, M.D., Vergennes, Corresponding Secretary.
G. F. Flanders, M.D., Waterbury, Treasurer.

WISCONSIN.

WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY.

(See page 217.)

L. E. Ober, M.D.,
M. F. Page, M.D., } Delegates.

OFFICERS.

T. J. Patchen, M.D., President.
N. A. Gray, M.D., Secretary.

No report.

SECTION VII.

REPORT

OF THE

BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE,

I. S. P. LORD, M.D.,	Poughkeepsie, N. Y.
J. D. BUCK, M.D.,	Cincinnati, O.
S. A. JONES, M.D.,	Englewood, N. J.
RICHARD KOCH, M.D.,	Philadelphia, Pa.
S. P. HEDGES, M.D.,	Chicago, Ill.
H. F. BIGGAR, M.D.,	Cleveland, O.
H. C. HOUGHTON, M.D.,	New York.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME I. NUMBER 5.

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XVII. Reason—Instinct—Vitality, ... J. D. Buck, M.D.

XVII.

REASON—INSTINCT—VITALITY.

By J. D. Buck, M.D., Cincinnati, O.

Reason has commonly been regarded as the exclusive possession of the *genus homo;* instinct has been assigned to the so-called lower animals; and vitality, or vital force, has been regarded as the common inheritance of all animals and plants. In thus recognizing a common bond of union between all organisms, whether of animals or plants, there is undoubtedly apprehended a great truth. It will be well for us to remember at the outset, that all classification is arbitrary, man's work for man's convenience, and that wherever classification is attempted there occur certain existences or things which defy classification, which fall definitely into no class, but which are assigned first to one and then to another, finally, perhaps, to be set aside as a separate class, with the distinctive characteristic that they refuse to be classified. Likeness, and not identity, is the rule in classification, and this likeness is always a sliding scale between two points, and these extreme points are not only subject to variation to admit new members, but in many instances they have, one after another, been removed entirely by the progress of science and the advance of learning. "In nature there are no abrupt transitions."

Science has already established two very important premises, viz., indefinite past time—a past eternity, so to speak—and the fact that the work of creation is still incomplete, and likely to remain so for all time to come; in short, that it is a continuous process, and, so far as we can judge, likely to be an eternal pro-

cess. Seas are continually being separated from the dry land, islands are appearing in the midst of oceans, and the breath of life is every moment being breathed into the nostrils of man and animals; and the fiat, *Let there be light*, is ringing still as the voice of God, in every benighted spot of earth, in every degraded soul of man, in the mind of every ignorant, superstitious "worshipper of stocks and stones."

Vitality being the common possession of all organisms, let us reverse the order in which we have first named these three wonderful endowments, and consider vitality in its present scientific aspect. What, then, is meant by vitality? If we reply that vitality is the peculiar endowment of living organisms, we state a recognized fact, but we do not thereby define vitality. Both animals and plants are organized bodies; that is, they all possess some feature, quality, or attribute in common; there is something possessed by the highest plant which is also possessed by the very lowest; there is something possessed by the highest animal—man—of which the very lowest, even microscopic forms, may also boast; and finally, between the highest animal and the lowest plant, there is this same common inheritance, and by virtue of this common inheritance they are all denominated organisms.

Perhaps the best definition of an organism is that given by Professor Owen, and which has a philosophical idea as its basis: "Organisms, or living things, are those which possess such an internal cellular or cellulo-vascular structure as can receive fluid from without, alter its nature, and add it to the alteration structure." This action of the organism includes nutrition and assimilation, and these activities are called *vital*. While they are performed, the body, that is their seat, is said to live; when they cease it is called dead. This vital activity is possessed alike by animals and plants.

In the germ from which an organism springs resides the vital impulse, awaiting only the establishment of the necessary conditions, when the process of evolution begins, and by the exercise of the same power does the organism maintain its after-existence. Vitality, then, seems to be an endowment of matter under certain definite conditions. If these conditions are changed beyond a certain point vitality ceases.

But suppose we use the term vital force to indicate this peculiar activity, then the question arises, How does this force differ from other force or forces? Does it fall under the law of correlation, and either arise from, or become converted into other force or forces? Heat, light, electricity, and chemical action, are also called forces. Is vitality in any way allied with, or ever correlated from or into these or similar forces? Let us see.

We have already established indestructibility of matter, of force, and hence, as the result continues, persistence of motion. Matter is not conceived as destroyed or created; force being also indestructible, finds its theatre of action in matter. We know nothing whatever of the one as separate from the other. No matter without force, no force without matter. Hence the idea of matter as "brutal," inert, and motionless has become a tradition. Visible, palpable motion of a mass of matter continues as invisible motions among the molecules of the mass long after visible motion ceases. Not an equivalent of motion is lost in this transition from visible to invisible motion. All of the so-called physical forces have long been regarded as properties of matter. Science to-day defines them as "special modes of motion." If then we say of vitality that it is a special mode of motion observed in living organisms, and observed nowhere else, we state the fact concerning this force, and in conformity with the newly established ideas in relation to force and matter. Molecular motion being always present in all matter, and vitality or vital force being a special mode of motion found only in organisms while they are said to be alive, is it a higher manifestation of other force or forces, or is it a force *sui generis?* in other words, does molecular motion in living organisms differ from molecular motion in inorganic bodies, in *degree*, or in *kind?* The difference in the molecular motion being fully recognized, to what is this difference due? Reproduction is not the simple evolution of one after another similar bodies or organisms. Not simply a man from a man, a chick from a chick; it is rather the preparation by a fully developed organism of a germ, which, being placed under essentially similar conditions, undergoes a similar development, and this germ, although not generally regarded as an organism, is nevertheless endowed with "vitality," and goes

on developing after the ancestral type, under conditions, by virtue of its facility in appropriating food to its own likeness, notwithstanding that likeness is continually changing.

Whenever an organism ceases its so-called vital activity it dies; if, instead of ceasing at once, its vital action gradually becomes lessened, we find gradual wasting of its substance and gradual loss of power. Nutrition and assimilation imply, other things being equal, preservation of form and preservation of function (supply of matter and supply of force).

An organism remains such only by virtue of substance continually derived from without, and as continually undergoing transformation, and be it remembered, that the matter thus derived is already endowed with molecular motion, motion of a peculiar kind, and such matter so endowed is called "food."

That all matter is not so endowed, is shown by the fact that all matter is not food. Experience has demonstrated that only certain kinds of matter are suitable for nutrition purposes. Man feeds only on organized matter, viz., plants or other animals; while plants feed on inorganic compounds, viz., carbonic acid, water, and ammonia, thus occupying an intermediate position between man and the inorganic universe.

Plants then are enabled to "live" by virtue of their power to transform inorganic matter endowed with physical force—molecular motion—into their own organized substance endowed with vital force—another mode of molecular motion.

Animals are enabled to live by virtue of the facility with which they transform vegetable organized matter—although no longer manifesting vital activity, yet exhibiting a peculiar molecular motion derived from the previous vital activity—into animal organic matter, manifesting again vital energy.

Animals derive food from plants, and plants are nourished from the inorganic world of matter, and just as reasonably as we conclude that the matter of life has arisen by a succession of changes from the inorganic world of matter, may we conclude that the force called vital has also in one form or another accompanied this matter in its journeyings, and finally been evolved into vital activity from physical force? At no point during this evolution can we put our finger down and say, here does

vitality enter as a new and special endowment. Just as surely as matter is evolved from a lower condition and constantly raised to a higher level, there to be assimilated into likeness of organic tissue, is force correlated from other modes of motion into that activity which we call vital.

Let us remember that all the forces, whether "vital" or "physical," are *special* modes of motion, and that it is little less than sacrilege to call matter under any conditions "brutal" or motionless, when under any condition in which we may examine it we find it the theatre of such wonderful processes.

Matter can neither create or renew itself out of nothing, neither can force. Organisms derive the matter of which they are composed and the force which they manifest, either directly or remotely from the inorganic world, and this would not be possible if under no conditions did transmutation of matter and correlation of force occur.

We therefore conclude that vital force is an advance upon, or a higher manifestation of, other force or forces, derived by correlation, and when vital energy ceases to be manifest it is again correlated into the physical force or forces from which it was derived. We have persistence of motion, but change in the special mode of manifestation.

Unlike vitality, instinct and reason are manifested only in animal organisms, but the question there raised as between the intelligence of man and animals is like that between vital and physical force. The difference in either case is fully recognized, but the question arises whether this difference be one of degree, or one of kind.

It is only recently that either instinct or reason have been definitely referred to cerebral action. So much cerebral development so much intellect, is comparatively a new formula, and yet no fact in nature is more apparent, and none more pregnant with health and happiness to the human race. When perversion of intellect, or insanity, was referred to an indwelling devil, it was but natural to scourge and chain the demon's human habitation, but when insanity is referred to a diseased brain it becomes subject to therapeutic law.

All animals possess a brain and nervous system, as all organ-

isms are endowed with vitality. The intellectual endowment of man is traced to the higher development of the cerebral mass, while the intelligence or instinct of animals is also assigned to their lower or less developed cerebral organs. And the question arises does the difference in function—viz., the difference between so-called reason and instinct—more than balance the difference of cerebral development?

The brain of animals differs from that of man, not in substance, not in representative organs, not in essential nerve action, but in *complexity of organization*. Man possesses neither hemisphere, ganglia or nerve that is not also typified by some animal beneath him in the scale of existence. And if intellectual processes adhere to nervous organizations, we shall expect to find every mental act of which man is capable typified in those animals which possess a corresponding, though less highly developed, nervous apparatus. Dr. Lindsay has shown* that such is really the case; after very extensive investigations into the "The Physiology of Mind in the Lower Animals," he has come to the following conclusions.

"The general result of my own investigations is the conviction that certain of the lower animals possess *mind of the same nature* as that of man; that there is no mental attribute peculiarly or charactically human; and that there is, therefore, no essential mental distinction between man and other animals." This writer has treated the physiology of mind in lower animals under the following heads: "I. Natural Disposition or Character. II. Acquired Disposition or Character. III. Emotions and Passions. IV. Self-Control. V. Moral Sense. VI. Memory. VII. Observation. VIII. Imitation. IX. Stratagem. X. Will. XI. Imagination. XII. Abstraction. XIII. Understanding. XIV. Reflection and Reasoning. XV. Actuation by Motion. XVI. Adaptation of Means to End. XVII. Skill. XVIII. Arts. XIX. Perception of Sound or Tune, Time, Number, Order, Space or Distance, Color, Weight, &c. XX. Combinations for Mutual Benefit. XXI. Recognition of Conspicuous

* "The Physiology of Mind in the Lower Animals," by W. L. Lindsay. *Journal of Mental Science*, No. lxxvii.

Superiority. XXII. Division of Labor and Subordination of Ranks. XXIII. Wars. XXIV. Migrations. XXV. Social Arrangements and Governments. XXVI. Laws and Punishments. XXVII. Language. XXVIII. Education. XXIX. Hereditary Transmissibility of Acquired Qualities."

It is not claimed that any one animal save man possesses all these attributes, nor that in any animal any one of them reaches the degree of development that it does in man, but that they exist essentially in kind in some of the lower animals; or, in the words of a recent writer, "No absolute *structural* line of demarcation wider than that between the animals which immediately succeed us in the scale can be drawn between the animal world and ourselves; and I may add the expression of my belief that the attempt to draw a psychical distinction is equally futile; and that even the highest faculties of feeling and of intellect begin to germinate in lower forms of life."*

"Instinct" and "reason," then, seem to be different degrees of development of one and the same function, and to conform in any given case and in any given degree of manifestation to cerebral organization, and the arbitrary line of demarcation drawn between them, whereby each is assigned to a separate and distinct class of functions, has no real foundation, no such abrupt transition really existing. Against this conclusion objection is generally made from two very different premises. First and generally that it degrades man to a level with the brute creation, wounds his pride, and overturns his long-cherished doctrines; and secondly, though very rarely, that there are some facts in the phenomena of lower animal life that seem to contradict it. Against the first of these objections it might be urged that the doctrine so far from degrading man provides a natural law of evolution, the correct interpretation of which secures his elevation, beyond what would be possible in the narrow ruts of dead and narrow dogmas in which he has through ignorance intrenched himself, and shows that infinite design has been more merciful to man than he has even dreamed or desired; and, furthermore, let it be observed, that in removing the gap between the mental action

* Prof. Huxley, quoted by Dr. Lindsay.

of man and other animals the result has been brought about, not by degrading man's faculties to a brute level, but by elevating brute faculties to the level of law and order. Finally, let it be remembered that the question is not one of likes or dislikes, so far as man's feeling is concerned, but a question of *evidence*, appealing directly to his understanding, and the sooner he crucifies his pride and becomes an humble truth-seeker the better will it be for him and for the truth.

The only valid objection that deserves notice is that which offers a different explanation of observed phenomena. It is urged that the mechanical skill manifested by the beaver, the ant, the bee, and birds in building their habitations is referable to a peculiar instinct inherited directly from one member to another of the same species, and not acquired as mechanical skill is acquired by man; that the young bee and the young bird build as perfectly as the old, and that no observable change or modification seems to take place in the mechanics of the species. Against this objection it may be urged, first, that although no perceptible change may be observed in the mechanical skill of any species of birds, for example, during a decade or even a century, yet changes are observed in several decades or in several centuries, and that in many instances the young animal builds less perfectly than the old, and improves its mechanism by experience; and let it be remembered that in all these processes there is no restriction as to time, these species being admitted to have been in existence for very many centuries. Furthermore, the transmission of mechanical skill from parent to offspring is by no means confined to birds and beavers. Every one knows that man also inherits mechanical skill and aptitude, which no amount of patient industry can equal in one who has no such inheritance.

The power of imitation and mechanical execution which makes one person a good penman or a natural mechanic, is found only rudimentary in another person, and that every member of a species of birds should inherit the mechanical skill requisite to build a nest, is no more remarkable than that the members of any family of the human species should be natural mechanics, and show an aptitude for mathematics and engineering. If, then, both animals and men inherit mechanical skill

and aptitude, and this same faculty, in either case, is subject in time, whether long or short, to change and improvement, we conclude that mechanical skill is the same in either case, derived by inheritance — no different degrees of perfection — from ancestors, and capable of change or improvement in either case, which change may be manifest in a longer or shorter period of time; and, finally, we conclude that the mechanical skill of animals is due to the exercise of functions and faculties the *same in kind* as those manifested by man.

We should not, however, overlook the fact, that the very facility with which a bird builds its nest, or a beaver its hut, unfits it for any other labor; the beaver would undoubtedly make a miserable failure at building birds' nests, and become a bankrupt mechanic, to the eternal disgrace of the whole beaver family. But in man, mechanical skill and execution is confined within no such narrow limits. If animals inherit skill more directly, by virtue of a rigid conformity of structure, man shows his superiority in being able to apply his skill to a great variety of objects; although among savage tribes we find a closer correspondence, generation after generation, in mechanical arts. Indeed, the progress of civilization only develops this faculty in a higher degree, and the lower or more primitive the civilization, the nearer the correspondence to the automatic mechanism of the lower animals. There is little doubt that a skilful mechanic could by persistent effort build a comb that would deceive the bees themselves, and people it with bees that would rouse the ire of the busy hive to a degree only equalled by that of the dog which sees his face in a glass. It will thus be observed that the discussion of this subject is not an effort to break down natural barriers, but an inquiry into the nature of observed relations, an effort to trace the operation of universal law, a higher development of those same faculties which we inherit in common with all animal life, an improvement of the talent never implanted in vain, hence a bounden duty.

Again, it may be objected, that even if these things be true, they do not concern us as physicians, and are out of place in the American Institute of Homœopathy; why not leave them to philosophers and men of science? What comparative anatomy

and comparative physiology have done for human anatomy and physiology, will comparative psychology do for human psychology. The further development of this subject is but the continuation of that process which has already banished the scourge and chains from every madhouse in the land, and comprehending the nature of mental function and mental alienation, has released many a prisoned mind from shackles of despair and frenzy, and clothed it with reason, serenity, and health.

It shows, moreover, the real difference, in mental endowment, between the mind illumined by reason and grovelling in imbecility and idiocy, the real difference between men and brutes; and showing this, it teaches how, by the application of natural psychological laws, this difference may be still further increased. If man, by the operation of this law, has reached his present status in the scale of animal life, what may he not become, as age after age he climbs with his race the degrees of increasing light and knowledge; and if, step by step, the worm at his feet, and every breathing thing, is following, by the will of the Infinite, in the pathway over which he has walked with bruised and bleeding feet, should he not press forward to new conquests over nature and her laws, rather than manifest his brutal instincts by treading the insect in the dust, or trying to degrade it below that level where Infinite wisdom has seen fit to place it.

With sincere convictions both of the truth and value of these universal laws, I earnestly commend their investigation to this national body of physicians, to every lover of truth and knowledge, to every well-wisher of, and earnest doer of good to the human race.

SECTION IX.

REPORT

OF THE

BUREAU OF OPHTHALMOLOGY AND OTOLOGY,

T. P. WILSON, M.D., ... Cleveland, O.
H. C. ANGELL, M.D., ... Boston.
T. F. ALLEN, M.D., ... New York.
B. W. JAMES, M.D., ... Philadelphia.
C. T. LIEBOLD, M.D., ... New York.

TO THE

TWENTY-FIFTH SESSION

OF THE

American Institute of Homœopathy.

VOLUME I. NUMBER 1.

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I.

OPHTHALMIC SURGERY—GENERAL OBSERVATIONS.

By T. P. Wilson, M.D., Cleveland, Ohio.

Medical specialists have not yet so fully established themselves in the confidence and respect of their brethren that they can feel quite at their ease in a large and influential convention of this sort. By too many they are looked upon as no better than so many privateers sailing under letters of marque. They are, therefore, supposed to indulge, and are in fact allowed to indulge in certain irregularities not at all becoming to those in the regular line of service. To the general practitioner it seems needless, if not criminal, to permit any department to be organized and detached from the main body. For instance, it is getting to be pretty generally understood that diseases of the eye and ear are best treated by those who make such diseases a specialty. The people at large are beginning to show very considerable discrimination in the matter, and when afflicted are seeking out those who are supposed to be specially informed upon the nature and treatment of their complaints. To this I know there is in some quarters strong, and I may add contemptuous, objections raised. This is, perhaps, true in a larger degree of the homœopathic than of any other school of medicine. First, because it is a novelty among us. The gray-headed veteran who for twenty or thirty years has waged an indiscriminate warfare, battling with every foe regardless of its nature, winning a thousand victories where defeat only seemed possible—such a man

looks with surprise if not contempt upon the modern hero who fights only on ground carefully intrenched, and selects his enemy with great discrimination. While specialism has for a long period been common to other medical schools it is scarce a half dozen years since the first attempt was made among us. The first man recognized among us as surgeon, as something in that respect different from a general practitioner, having a fair ability to swing a catlin and a saw, I say the first homœopathic surgeon who made himself known and felt as such is still a young man. He enjoys the honor of seeing himself in less than a score of years surrounded by a noble band of followers, worthy compeers all, and they are making a noble history out of their specialty. To deny them high honor among us would be to pluck the brightest jewels out of our crown.

But Ophthalmic and Aural Surgery has a still briefer history among us. Not until the last session of this Institute was it deemed advisable or necessary to give prominence to this department. The material out of which we have been obliged to produce our work has been far too scant to compare with our desires. But it is our earnest hope that we have acquitted ourselves in a manner not wholly unsatisfactory, and that the result of this trial will confirm in your minds the need of letting this department be still under special cultivation.

I have spoken of the novelty of allowing certain subjects, like diseases of the eye and ear, to be in the hands of specialists. There is another formidable objection raised to the adoption of this course, and that is its tendency to weaken our reliance on the power of our properly selected medical agents. Among those of us who rest with such perfect and admirable assurance upon "the indicated remedy," it seems wholly superfluous to draw lines of distinction in the treatment of various diseases, since the whole of our therapeutics lies in a nutshell, viz., selection and application of the indicated drug. I know this objection was once strongly urged against the general practice of surgery. I know it meets at every step our few earnest gynæcologists; and as for oculists and aurists, they are summarily disposed of by being relegated to the department of Materia Medica. We are told to give our attention to the symptoms of the case and its

similimum, and then what can be cured will be, and in no other way so effectually.

Few of us will hesitate to acknowledge that with such a spirit as this we are in cordial sympathy. However earnestly we may contend for specialism, we cannot deny the need we have of such a check to prevent our lapsing into abuses that easily and naturally arise out of the attempt to magnify some particular department. We owe no small debt of gratitude to those earnest, enthusiastic gentlemen, who, in this convention, and everywhere, utter a perpetual protest against everything that in therapeutics does not conform to the strict letter of the homœopathic law. It will grieve them, no doubt, to discover in the agencies employed by specialists some things that hold a doubtful relation to a rigid interpretation of the fundamental law of our school; yet it may safely be assumed that when all the exigencies of our department come to be thoroughly understood, we shall be fully exonerated from any malperformance of our duties; and it will, I trust, be made to appear that in the discharge of those duties we are striving to place our specialty on the high ground of a true science and a scientific art, such as is demanded by the present status of homœopathy.

It must be conceded, when we consider the relation which our Materia Medica holds to the more recent discoveries in the pathology of eye and ear diseases, that in precision and success of prescribing we cannot hope to compare with our brethren in general practice, who for their work are furnished with such ample and correct data. But give us a few years for development, and then if we do not show fruit worthy our privileges and professions, you will have just cause to deny us further recognition as specialists.

II.

REPORT

FROM THE OPHTHALMIC DEPARTMENT OF THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

By T. P. Wilson, M.D., Surgeon in Charge.

It is now a little more than three years since the creation of this department. During the last three sessions of the College (winter course), a limited number of lectures has been given on ophthalmic and aural surgery, and a regular clinic day has been assigned to each week. These clinics have been fruitful in the number and variety of the patients that presented themselves for treatment and operation. And the classes have exhibited an unusual interest in the subjects and cases presented. During the present spring term of lectures there has been delivered a special course upon these topics, and the result has shown that no department of medical science can claim greater interest, or rouse more enthusiasm than this.

I beg to present herewith a tabulated report of all the cases, both public and private, that have been treated during the year ending May 1st, 1872.

AURAL.

Anomalous disease of the Eustachian tube,	1
Deafness from impaction of cerumen,	16
Foreign body lodged in the tympanum,	1
Myringitis (acute),	2
Otitis externa (acute),	2
Otitis externa (scrofulous),	10
Otitis media (catarrhal), (acute),	10
Otitis media (scrofulous),	6
Otitis media (catarrhal), (chronic),	38
Relaxed tympanic membrane,	3
Total,	89

OPHTHALMIC.

Amaurosis,	4
Asthenopia with hypermetropia,	25
Asthenopia with myopia,	5
Amblyopia,	6
Astigmatism,	2
Abscess of the orbit,	1
Artificial eyes,	5
Blindness from panophthalmitis,	8
Blepharitis ciliaris,	6
Cataract,	9
Conjunctivitis (catarrhal),	15
Conjunctivitis (traumatic),	5
Diplopia (paralysis rectus ext.),	2
Diplopia (insufficiency rectus int.),	1
Entropion,	2
Ectropion,	1
Fistula lachrymalis,	18
Glaucoma,	3
Hypermetropia (congenital),	3
Iritis,	16
Keratitis (scrofulous), (with trachoma),	20
Keratitis (catarrhal),	30
Myopia,	10
Neuro-retinitis,	4
Nystagmus,	2
Opacity of the cornea,	8
Operation for artificial pupil,	3
Ptosis palpebræ,	3
Pterygium,	4
Removal of the eyeball,	3
Sclerotitis (scrofulous),	1
Strabismus (intermitting),	1
Strabismus,	6
Tumors of the orbit,	2
Traumatic injury,	9
Tumors of the eyelids,	3
Trachoma,	6
Total,	247

CASES IN AURAL SURGERY, WITH REMARKS.

As will be seen by reference to the above tables, the most common of ear diseases have been classed under *Chronic Catarrhal Inflammation of the Middle Ear.* These have manifested

themselves by gradually increasing deafness, attended with tinnitus aurium, and by an opacity and thickening, together with an impeded mobility of the tympanic membrane. Most of these cases have been attended with a partial, sometimes entire closure of the Eustachian tube. To remove this latter difficulty I have freely employed the Eustachian catheter and the Politzer bag. The results have been less flattering than I could have desired. In very few of them were there any immediately favorable results, and the most of them required months of daily inflation. It is with no small difficulty that patients can be induced to submit to such prolonged treatment, especially when improvement is so slow and so hard to perceive. Only a small portion of the cases of catarrh of the middle ear have been connected with nasal catarrh. My experience would not lead me to consider these two states as often closely connected. I have tried, in a large number of these cases, the application of electricity; and though I may be charged with ignorance of the right method of its use, I firmly believe that it is not an agent likely to produce much marked or permanent benefit either in these or other kinds of ear diseases.

RELAXED TYMPANIC MEMBRANE.

Two cases of this kind have fallen under my observation within the past year, and they present this somewhat unusual feature, that the membrane tended constantly to fall outward, and whenever this occurred deafness ensued.

CASE I.—Mrs. R., in good general health, said her ear "got dim," and prevented accuracy of hearing. But by bending the tragus so as to close the meatus, and then pressing it inward with a slight force, her hearing would become quite acute. But in the course of a while longer or shorter the "dimness" would return. She was obliged to make this adjustment of her hearing repeatedly when at church or other public places where hearing was called into active play. This occurred only in the left ear while the right ear remained perfectly normal. The cause of this difficulty was clearly traceable to impacted cerumen from which she

suffered a year or two ago, and which was removed by a skilful aurist. Upon examination the Eustachian tube was found almost wholly closed. Inflation by the catheter and Politzer method was followed by good results, but after nine months of continuous treatment the case is not wholly cured.

CASE II.—Miss W. presented herself with the complaint that her ears were constantly "falling down," and that it not only produced an unpleasant sensation but affected her hearing. She said she was obliged to lift her ears up in order to feel comfortable and hear well. Upon making a careful examination both tympanic membranes were found greatly relaxed, and the "falling down" was due to their falling outward, which they were sure to do spontaneously if left to themselves. The process of "lifting up" the ears was accomplished by exactly reversing the Valsalvian method, namely, by holding the nose, keeping the mouth shut, and producing a strong suction. While performing this act the membrane of either ear could be easily seen to move backward and forward like the sails of a becalmed ship. No cause could be assigned for this peculiar state of affairs. After trying to remedy it in various ways paracentesis was recommended but not submitted to.

These cases are described here on account of the outward falling of the membrane, which is something anomalous in relaxation of the membrana tympani.

CASES IN OPHTHALMIC SURGERY WITH REMARKS.

In frequency of occurrence it will be observed that keratitis takes precedence. As compared with conjunctivitis it is largely in a majority. Most of these cases were attended with granulation of the lids, and when chronic were complicated with constitutional taints, such as scrofula, tuberculosis, syphilis, &c., and were on that account difficult to permanently cure. Most of them were treated with Sulphur[30] internally, and Nitrate of Silver locally. It is my candid opinion that no remedy of value equal to the nitrate has been so persistently abused or is so little understood. Its homœopathic relation to granulations is not fully appreciated, and

it is too frequently discarded because it is so generally and improperly used by the allopathic school. Its special sphere of action is upon the corneal vessels. I mean it acts well only where the inflammation clearly shows the case to be keratitis. No definite strength of application can be suggested, for each case must be a law unto itself. From one to five grains of Nitrate of Silver to the ounce is usually employed, and in some cases a stronger application is used. In no instance have I used the salt in such strength as to require immediate washing off. This is every way objectionable, and is an unpleasant and painful feature in its use as employed in hospitals under allopathic care. Other preparations, such as Sulphate of Copper, Sulphate of Zinc, and Sugar of Lead, have not been resorted to because of the uniformly good results the nitrate has insured. One of the most obstinate cases of keratitis that came under my observation was to all appearances promptly cured by Silicia[30].

Asthenopia forms another very considerable part of these cases. Now that we notice so easily their relation to hypermetropia it seems almost strange that oculists for so long a time failed to detect the fact. It greatly simplifies their study and gives us a ready guide to their treatment. After correction of refraction by glasses there remains still a large amount of ciliary and retinal irritation in some cases and paralysis in others, which loudly demand relief. I have noticed in a good many cases of this kind that so high a degree of asthenopia was present that no attempt could be made to use glasses. Their employment only made worse what before was bad. In such cases only colored glasses could be worn, and those of a light shade. Moreover, the glasses have to be perfectly flat, not shell-shaped, as the least concavity or convexity will refract the rays, and cause additional labor to the eye in correcting the refraction. Such glasses as I speak of have to be worn for several weeks in order to give the eye rest and reduce the retinal irritation. Meanwhile constitutional treatment is all-important. The most efficacious remedy I have used in asthenopia is Macrotine[3], given in five-grain doses two or three times a day. Aconite[30], Belladonna[30], Cactus[3], and Nux vom.[30] have done good service.

III.

AURAL SURGERY.

By T. P. Wilson, M.D., Cleveland, Ohio.

It is pleasing to see with what rapid strides aural surgery has moved to the front in the "march of medical science." It may not yet claim pre-eminence, but its growing importance is a matter of daily observation. When we consider the anatomy of the parts that go to make up the organ of hearing, how completely the essential parts are shut out from sight in the living subject, and how seemingly shrouded in darkness and doubt are their pathological states, we can scarcely wonder that aural surgery has been slow in obtaining that attention and recognition that it so richly deserves. But since the time that Wilde, of Dublin, followed by Toynbee, of London, first demonstrated the essential value of special information upon the subject, and were able to show how much there was connected with it before unknown to the medical profession, this department has assumed proportions of no inconsiderable magnitude.

Not only is a very large amount of information upon the nature and treatment of ear diseases being made the common property of the profession, but specialists in this line are achieving unusual and very gratifying results, and are able to discover and relieve conditions of hearing that were heretofore considered both inscrutable and incurable. Coincidently with the improvement in diagnosis is observable a marked improvement in the results of treatment. We are able now, in various ways, to elicit a large amount of explicit information upon points that have been before given wholly up to conjecture. This is due first to the fact that we have now a much larger number of observers engaged in the work of investigation, and also that the amount of

clinical material, always abundant, is notably increased by being drawn more exclusively into the domain of specialists; and each year finds the data collected more and more precisely and carefully arranged into a systematic and fixed order. And it might be remarked here *en passant*, that no department of medical science can longer rely upon traditional information or hope to maintain itself upon unrecorded experience. We have arrived at a stage of development such that the most carefully and elaborately recorded observations are peremptorily demanded of every one who assumes to give us reliable information. No theory of medicine can hope to stand that is not built out of abundant and well-arranged facts. In this respect aural surgery is happily conforming itself to the demands of the times.

The American Otological Society, formed out of the ranks of the allopathic school, and but recently constituted a distinct association, has already added somewhat to the amount and value of our knowledge of diseases of the ear. And may we not hope, however imperfect the results of this department now established through the courtesy of the members of this Institute, however imperfect our labors in this initial year, that we shall be enabled to collect in coming years a large amount of valuable practical information that will show the superior efficacy of homœopathic treatment, and that we shall be enabled to make the science of otology as practiced by us not a base imitation of some other school of medicine, but the undisputed property of the homœopathic school.

ON DEAFNESS, PAIN, AND TINNITUS AURIUM.

In the investigation of diseases of the ear we are chiefly guided by three important symptoms: 1st. Deafness; 2d. Pain; 3d. Tinnitus Aurium. The order in which these are taken is a matter of no moment; they may all occur simultaneously, but they are in general found isolated, or at least in a great majority of cases there is no pain present. Deafness, as a rule, takes precedence, and demands our special attention. If we look into the structure and function of the ear we find it in the normal state conforming with most admirable precision to the work of con-

ducting vibrations of the atmosphere. Though not so complex and delicate in form as the eye, yet the ear, in order to obtain desired results, requires great nicety of adjustment. The slightest modification in structure or position will be sure to be followed by unfavorable consequences. Impairment of hearing entails upon the suffering one something more than a matter of inconvenience. There is always connected with such a state in its chronic form an apparent loss of mental power. We find here one of the grand avenues of intercourse with the outer world interrupted, possibly wholly blockaded, and there can be no compensation rendered to the mind thus isolated wholly or in part from its source of supply. Ignorance and a perplexing uncertainty inevitably mark the victim of deafness, and brought, as we often are, face to face with the beautiful and the brave, faultless in all their personal endowments, only lacking this priceless gift of hearing, we find our sympathies stirred to their profoundest depths, and we do not fail to share with them the most intense desire for their recovery, or to feel the purest sorrow if unfortunately our skill is inadequate to give them the earnestly desired relief.

Before we come to inquire into the causes of deafness, we usually make a careful test of the amount of the deafness. In order to do this with accuracy, we must have our patient in a place free from all noises not under our control; even the ticking of a neighboring clock, the moving of persons about the room, are objectionable. Then we ascertain how much can be heard of our voice, varied in its pitch and intensity. In this matter much will depend upon the rapidity and distinctness of our utterance. We should, moreover, take the precaution to avoid letting the patient look at us while speaking, for many of them after prolonged deafness become remarkable adepts at reading the movements of the lips. Often unconsciously the patient has acquired this power and exercises it without the least suspicion of the fact. From the nature of things this test is far from being accurate, yet has its peculiar value.

The more accurate measure of the power of hearing is determined by the use of the watch. This, held at various distances from the ear, being careful to have it always approach

the hearing-point from a distance, will give far more definite and correct information. In the absence of eliciting a response by this method, the watch may be placed upon the ear with varying pressure, and to be exact we note p. light, p. medium, p. hard; and it may then be placed upon the forehead, temple, mastoid process, vertex, or in the mouth. The distances should be carefully measured with a rule, and noted in inches or fractions of an inch. It is well to remember, while testing one ear, that the other should be carefully and securely closed. The record of observations thus made should be entered upon such a clinic book as every aurist is sure to be supplied with. At any subsequent time after re-examination entries may be made, which will show the exact progress of the case. But it is necessary to observe, in the study of deafness, how much the power of hearing is dependent upon meteorological changes. A large number of patients can hear much better sometimes than at others. Perhaps for a whole day they experience only a moderate amount of trouble, and the day following they are as "deaf as a post." In this respect the forenoon and afternoon may exhibit an unpleasant contrast. This is due to a change in the density of the atmosphere. The structure of the ear is such, that the meatus auditorius and the tympanic cavity should be filled with air of the same density, otherwise the tympanic membrane will be pushed by the denser column of air out of its true relation, and this causes at once diminution of hearing.

If, then, the Eustachian tube becomes closed or partially obstructed, adjustment for a change of atmospheric density is greatly impeded or wholly prevented. A rise or fall of the barometer will therefore greatly affect the hearing, and when we find our record of any given case containing such notes as these,

1st sitting, H. r. 5 in. H. l. P. light,
2d " H. r. 10 in. H. l. 2 in.,

we may falsely conclude that our treatment is being followed by favorable results, and yet the apparent improvement be wholly due to the change in the density of the atmosphere. This should put us upon our guard not to depend on a few, but on a large number of observations.

We come now to speak of *Pain* as a symptom of ear disease. Its importance as such is by no means great except in occasional instances. It marks with some degree of certainty the locality of the difficulty, and gives information bearing upon the nature and degree of the inflammatory action. As is well known, a high degree of aural pain causes most acute suffering, such that it becomes almost unendurable, and fearfully distracting. Its chief import is manifested in certain states of the middle ear, when it betokens a threatened complication of meningitis. Fortunately, when the result of a state of active congestion, its relief is quite within the control of the surgeon; but when caused by extensive suppuration of the middle and internal ear, it will most likely tax to the utmost the patience of the sufferer and the ingenuity of the surgeon.

A far more important symptom is *tinnitus aurium.* This is commonly known as "roaring in the ears." But as the sounds in different cases resemble all possible qualities and intensities of noises, they can with little propriety be designated as roaring. This symptom is invested with especial interest as the *avant courier* of approaching deafness. Long before any diminution of hearing is observable, subjective sounds begin to be heard in the ear. At first intermitting and at intervals, they come at last to be continuous and decidedly unpleasant. So stealthily do they approach that they are for a long time quite unnoticed, until by their loudness and persistence they at last demand and receive an unwilling and painful recognition. So oppressive does this tinnitus become, that patients, though suffering considerable deafness as well, are far more anxious to have the sounds stopped than to regain their hearing. The opinion seems to have been widely indulged in that insanity has sometimes resulted from excessive tinnitus aurium. But recent investigations seem to throw some doubt upon the statement. It should be more generally understood than it is, that when this symptom is repeatedly observed even in its lighter forms, attention should at once be given to the condition of the ears; for in a vast majority of cases relief is quite sure at this stage of the disease. Many cases of great severity and long standing are happily quite curable; but with regret we must acknowledge our inability to always

give such relief as is desired. There seems to be a certain ratio of relation between the amount of deafness and the amount of tinnitus, and the subsidence of the one marks the cessation of the other. But it is not always so.

The causes of tinnitus aurium are manifold; often they are wholly inscrutable, but I wish to mention a few of those most common. Any mechanical pressure upon the tympanic membrane is pretty sure to induce subjective sounds. A very common cause of this pressure is impacted cerumen. If the plug do not fill the calibre of the meatus nor infringe on the membrane, it is not likely to make itself known, but by some sudden pressure upon the mass or some sudden jar of the body it is pushed down upon the membrana tympani, and then declares itself by a troublesome "roaring" in the ears. Could this condition of things be attended to at once all danger might easily be averted, but how often do we find the membrane almost wholly destroyed by leaving the plug of cerumen in too long contact with the delicate membrane. Accumulation of mucus within the tympanic cavity is another not infrequent cause of tinnitus. So soon as it reaches the level of the membrane it does not fail to make itself manifest by setting up sounds. When this state of things is ascertained to exist it can generally be relieved by thoroughly inflating the tympanic cavity, as by this means the accumulated fluid is driven down the Eustachian tube into the throat. Adhesions posteriorly of the membrane, known technically as synechiæ, are another fruitful source of these sounds. And we may frequently undertake a relief of the case when we come to understand the real state of the trouble to be such as we have mentioned. A careful examination of the meatus will reveal such adhesions, and either by forcing the air through the Eustachian tube, or by exhausting the air from the meatus, or by both methods simultaneously, we can generally break up the attachments and so relieve the tinnitus.

THE SPECIAL NEEDS OF THE AURIST.

The increased attention now being given to the study of ear diseases leads us to hope that the medical profession at large will be placed in possession of much needed information upon the

subject. The general practitioner can never know too much about pathological states of the ear. But from the nature of the conditions to be studied, and from the inadequate means we at present possess of making the necessary investigation, it will be readily seen how impossible will be the task except to those who give it exclusive attention, and with them it can at best be but imperfectly performed. Great familiarity with the instruments used, and a large experience in observing the variously modifying effects of disease, are indispensable factors in the success sought for. The aural surgeon requires also a suitably arranged place into which he can put his patients in such a position that, with properly arranged light, he can easily illuminate the ear sitting at his ease, not cramped and straining, but as a painter at his easel, as a naturalist at his microscope, as one commanding rather than commanded by the situation.

With very great propriety these points might be emphasized, for they go to make up the larger part of what is lacking in the efforts of many medical men to understand and properly treat diseases of the ear.

HOW TO SYRINGE THE EAR.

Every one who is obliged to examine with any considerable frequency the meatus auditorius knows how important it is to have the passage cleared of all obstruction. Nowadays no intelligent physician is willing to diagnose or treat a morbid state of the hearing organ without first carefully studying the condition of the tympanic membrane. What so common as deafness and otorrhœa? and yet until the complexion of the tympanic membrane, or what amounts to almost the same thing, until the condition of the tympanic cavity is understood, what does the physician or surgeon know of the real nature of the complaint? But in how many cases under their first examination do we find the passage clear? The first need we have is the use of a syringe that we may clear out all obstructions, and if possible get at the true state of the case. Looking at the armamentaria of our surgeons, and looking at the instructions as laid down in our text-books, we find things sadly inadequate to perform the work in hand. A common ounce or two ounce syringe with a to and fro

action of the handle, and piston working with most uncertain precision, to be taken out and put in as often as it is exhausted or filled, is about all we have provided. It is almost impossible to use such an instrument thoroughly and effectively without hurting the ear, and besides it is quite sure to soil the patient's clothing. Another objectionable feature is the irregular and intermitting character of the stream, and the difficulty of directing it steadily toward the bottom of the meatus.

All these and other difficulties that might be mentioned are easily obviated by the instruments shown here. The first is simply a Davidson syringe, the other is a shaving-cup. Add to these a folded towel, and then proceed to fill the cup with quite warm soapsuds. Place the towel so that any accident of spilling may not soil the clothing; let the patient hold the cup, placed with its edge just under the lobe, using for that purpose the hand that corresponds to the ear being operated on. Show the patient how, by gently pressing the cup against the face, no water can escape over the sides. Then sitting down at your ease you have both hands at liberty—one to work the bulb and the other to direct the nozzle. In this way a steady stream may be thrown, or with varying force and direction, into the ear, and the outward flow of water will drop into the cup without incommoding patient or surgeon. The awkward, slovenly, and unsatisfactory way in which this work is done by many of our physicians, and the repeated failures they make in attempting to remove impacted cerumen, are a sufficient excuse for the attempt we have here made of showing how such work should be done. Only a few days ago I discovered a doctor attempting to dislodge such an impaction from the ear of a patient with clear cold water and an anal syringe that at its best could throw a stream no larger than a fine needle. This may be the worst case of all, but others are sufficiently bad.

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